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ALLAINASSEE, FL

R. HUNT

COVER LETTER

· TO;

Registration Section Division of Corporations

		•	•	_
SUBJECT: DBA PRO		nted Liability Company	• •	ě
	Same (4.1.11)	area manny company		
The enclosed Articles of	Amendment and fee(s) are suf	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	JOHN OSMOND			
		Name of Person		202
		Firm/Company		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
			SSV	124 PHID:
	PO BOX 14373			PH F
		Address	FA.	5
	BRADENTON, FL 34280) -4 373	m	
	<u></u>	City/State and Zip Code		
	johnosmond@jtech10.com			
	E-mail address: (to be used for future annual report no	otification)	
For further information c	concerning this matter, please c	all:		
JOHN OSMOND		at (727) 244-1530		
Name o	of Person		ime Telephone Number	
Enclosed is a check for to	he following amount:			
11 \$25.00 Filing Fee	L1\$30.00 Filing Fee &	Ul \$55.00 Filing Fee &	\$ 50,00 Filing I	řec.
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Certified Copy	
		, , , , , , , , , , , , , , , , , , ,	(additional copy)	
Mailing Addres		Street Address:		
Registration :	Section	Registration S		
Division of C P.O. Box 632	•	Division of Co The Centre of	='	
Tallahassee,			roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DBA PROFESSIONALS, LLC	
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa	ny were filed on OCTOBER 13, 2022 and assigned
Florida document number 1.22000442694	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:
PROFESSIONAL DATABASE DEVELOPERS, LLC The new name must be distinguishable and contain the words "Limited Lic	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	SSEE, FL
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	re address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	vmer v ioriaa sireet aaaress
	, Florida
	Cinc Lin Coda

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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