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(Requestor's Name)
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COVER LETTER

TO: Registration So Division of Cor				
SUBJECT: DM84 Tru	st, LLC			
	Name of Lin	nited Liability Company		
	Amendment and fee(s) are sub ondence concerning this matter	_		
	Donna Meyerson			
		Name of Person		
	DM84 Trust, LLC			
		Firm/Company		
	200 SE Pelican Drive		=	2023 SEC
		Address		2023 MAR 20 PH 12: 30 SEONLAND SEEL FL
	Stuart, FL 34996		======================================	20 PH12
		City/State and Zip Code	ì	Circ To
	DonnaMeyerson@gmailco	om to be used for future annual report	- I	12: 30 8:741 8:741
For further information c	oncerning this matter, please c	ŕ	notrication)	30 ATE
Donna Meyerson		at (772) 486-221	4_	
Name o	f Person	Area Code Da	ytime Telephone Number	_
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &
Mailing Addres Registration S Division of C	Section	Street Address Registration Division of (
P.O. Box 632	7	The Centre of	of Tallahassee	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DM84 Trust, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 01/18/2023	and assigned
Florida document number 1.23000032039		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		S 20
Principal office address MUST BE A STREET ADDRESS)		23 F
		AR T
		20 P
Enter new mailing address, if applicable:		110 · III 11
(Mailing address MAY BE A POST OFFICE BOX)		77. 79.
		2
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	name of the new regist
Name of New Registered Agent:	···	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code

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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Adam Meyerson	200 SE Pelican Drive, Stuart, FL 34996	_ ■ Add
			_ □Remove
			_ □Change
			_ □Add
		TAUNHAS SEE, FI	R 20 Add II.
			_ □Change
			_ □Add _ □Remove
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ffective date, if other than effective date is listed, the ote: If the date inserted incument's effective date of	date must be specific n this block does no	and cannot be proof of meet the app	for to date of tili licable statutor	ig or more than 90) days after filir	1g.) Pur:	suant to not be	605,020 listed a
record specifies a delayed is filed.	effective date, but	not an effective	e time, at 12:01	a.m. on the ear	lier of: (b)	The 90	th day a	ifter the
ated March 15		· <u>2023</u>	·					
	-							

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