

L23 000 054 815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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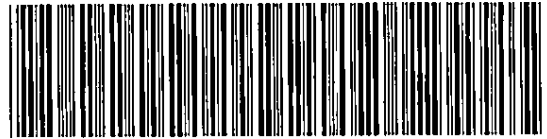
(Business Entity Name)

(Document Number)

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STATEMENT OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

DMH Learning LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dr. Melissa Houston

Name of Person

DMH Learning LLC

Firm/Company

17189 Terraverde Cir #7

Address

Fort Myers, Florida 33908

City/State and Zip Code

dmhlearning@mail.com

E-mail address: (to be used for future annual report notification)

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STATE OF FLORIDA
TALLAHASSEE, FL

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For further information concerning this matter, please call:

Dr. Melissa Houston

239 3197400

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DMHLearning LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/08/2023 and assigned
Florida document number L23 000054815

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

DMHLearning LLC

17189 Terraverde Cir # 7

Fort Myers, Florida 33908

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

DMHLearning LLC

17189 Terraverde Cir # 7

Fort Myers, Florida 33908

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Dr. Melissa Houston

New Registered Office Address:

17189 Terraverde Cir #7

Enter Florida street address

Fort Myers

Florida

33908

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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mr.	John Brooks		<input type="checkbox"/> Add
		7901 4TH ST N STE 300	<input checked="" type="checkbox"/> Remove
		ST. PETERSBURG, FL. 33702	<input type="checkbox"/> Change
Dr.	Melissa Houston	17189 Terraverde Cir #7	<input checked="" type="checkbox"/> Add
		Fort Myers, FL 33908	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FL

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SECRETARY OF STATE
TALLAHASSEE, FL

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SECRETARY OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated _____

Signature of a member or authorized representative of a member

Typed or printed name of signee