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## **COVER LETTER**

TO: Registration Se Division of Cor						
oun learn.	DMD Florida S	SERVICES, LL	2			
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.				
Please return all correspo	indence concerning this matter	to the following:				
•	J	C				
	$R_{i}$	Ronny MESA				
		Name of Person	<del></del>			
	<del></del>	Firm/Company				
	DMD Florida Services, LLC  Name of Limited Liability Company  icles of Amendment and fee(s) are submitted for filing.  correspondence concerning this matter to the following:  Ronny Mesa  Name of Person  Firm/Company  25/0 22ND ST W  Address  Lehigh Acres, FL 33971  City/State and Zip Code  dmdfloridaServices Compail. com  E-mail address: (to be used for future annual report notification)  matton concerning this matter, please call:  Name of Person  at (786) 501 - 6969  Name of Person  Area Code  Daytime Telephone Number  Seck for the following amount:  ag Fee  St \$30.00 Filing Fee & Certified Copy (additional copy is enclosed)					
	Lehigh	ACRES, FL 3	3971			
	/ 1	City/State and Zip Code				
	dmdFlori	dastruces@ GM	1AIL. COM			
For Combania Commission			ica.ioii)			
0	-		- A			
Konnu/	Mesa	ar, 786, 501-	0969			
Name o	f Person	Area Code Daytime	e Telephone Number			
Enclosed is a check for the	he following amount:					
		CI CSS 00 Elling Eng &	C60 00 Eiling Egs			
□ \$25.00 Filing Fee	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy			
Mailing Addres	<u>ss:</u>	Street Address:				
Registration	Section	Registration Section				
Division of C	-	Division of Cor The Centre of T				
P.O. Box 632 Tallahassee,			e Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DMD FloriDA	SERVICES,	LLC	2023 NOV 27	PM 5: 13
(Name of the Limited Liability (A Florida L			<u>ds,</u> )	
The Articles of Organization for this Limited Liability Cor Florida document number <u>42300127260</u>	mpany were filed on _	03-13	3-2023	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company h	<u>ere</u> :		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the	designation "LLC	C" or the abbrevia	stion "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	(22)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our	records, <u>ente</u>	the name of t	the new registered
Name of New Registered Agent:			· ·	<del></del>
New Registered Office Address:	Enter Flo	orida street addre	35	
		, F	lorida	
	City		Zi	p Code
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to act in this mplete performance o ent as provided for in	f my duties, a Chapter 605,	ind I am famil F.S. Or, if the	iar with and is document is

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 Title Name Address **Type of Action** MGR Ronny MESA 2510 ZUDSTW LEHIGH AORES, FL XChange 33971 \_\_\_\_\_ □Add □ Change \_\_\_\_\_ □Remove \_\_\_\_\_\_ □Change \_\_\_\_ 🗆 Add □Remove \_\_\_\_\_ □Change \_\_\_\_\_ 🗀 Add \_\_\_\_\_ Remove \_\_\_\_ □Change

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onericei ote: If	e date, if other than the date of filing: 11-21-2023 (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.
ecord s	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the l.
ited	11-21-2023
	<b>,</b> ,
	Signature of a member or authorized representative of a member

. . .

Filing Fee: \$25.00