

L23000 227855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

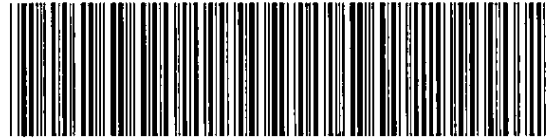
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/17/24--01022--014 **25.00

FILED
2024 MAY 17 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FL

May 6, 2024

Department of State Division of Corporations
Corporate Filings
P.O. Box 6327 Tallahassee, FL 32314

Dear Department of State,

I hope this message finds you well. I am writing to you as the legal representative of DMG BUSINESS MERIDIAN PARK, LLC, with tax identification number 93-3828853. Recently, I have noticed an error in our company's registration that I would like to correct with your assistance.

The reason for my communication is to inform you that I have made two name changes for our company through the appropriate forms and procedures. However, upon reviewing the documentation provided by your department, I have noticed that the name changes have not been reflected correctly in the company's registration.

Below, I detail the name changes made and how they were incorrectly registered:

First name change:

Previous name: DMG BUSINESS 9922 RODBELL STREET, LLC
Requested new name: DMG BUSINESS MERIDIAN PARK, LLC
Incorrect registration: DMG BUSINESS MERIDAN PARK, LLC]

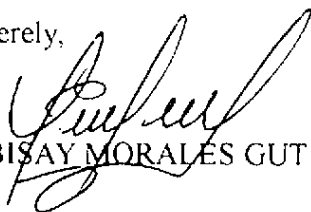
Second name change:

Previous name: DMG BUSINESS MERIDAN PARK, LLC
Requested new name: DMG BUSINESS MERIDIAN PARK]
Incorrect registration: DMG BUSINESS MERIDAN PARK, LLC

Additionally, I would like to inform you that I have been issued a new payment to ensure that the name change is processed correctly. Attached to this letter, I have included copies of the relevant documentation supporting the name changes made, as well as the proof of the new payment made.

I would like to request your kind assistance in rectifying this situation as soon as possible. I appreciate your attention to and prompt response to this matter. I am available to provide any additional information required to resolve this issue promptly.

Sincerely,


DUBISAY MORALES GUTIERREZ

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DMG BUSINESS MERIDAN PARK, LLC

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:

DUBISAY MORALES GUTIERREZ

Name of Person

DMG BUSINESS MERIDIAN PARK, LLC

Firm/Company

1042 BOARDWALK PL

Address

KISSIMMEE, FL, 34747

City/State and Zip Code

info@dmgbusinessgroup.org

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

For further information concerning this matter, please call:

DUBISAY MORALES GUTIERREZ

Name of Person

at (786) 6596722

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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

FILED
2024 MAY 17 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FL

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

DMG BUSSINESS MERIDAN PARK, 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 05/08/2023 and assigned Florida document number L23000227855.

This amendment is submitted to amend the following:

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

DMG BUSSINESS MERIDIAN PARK, LLC

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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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TALLAHASSEE, FL

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: Same DMG BUSINESS INVESMENT, LLC

New Registered Office Address: 1042 BOARDWALK PL

Enter Florida street address

KISSIMMEE

City

Florida 34747

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 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>
N/A	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

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TALLAHASSEE, FL

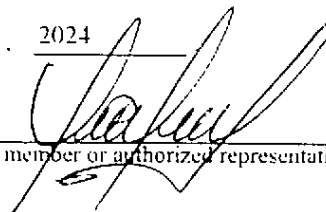
E. Effective date, if other than the date of filing: 05/06/2024 (optional)

(If an effective 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 (3)(b)

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.

If the record 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 record is filed.

Dated MAY 06, 2024



Signature of a member or authorized representative of a member

DUBISAY MORALES GUTIERREZ

Typed or printed name of signee