L23000328594

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer. |
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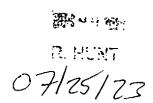




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COVER LETTER

| Division of Cor | | | | | |
|--------------------------------------|--|---|------------------|---|---|
| DML Grou | p LLC | | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | Dao My Lam | | | | |
| | | Name of Person | | · • | |
| | | Firm/Company | | , | |
| | 9331 Via San Giovani Stre | ret | | 7 p.5 | |
| | | Address | | 7) (P) (P) (B) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F | |
| | Fort Myers 33905 | | | PH 6:5 | ŧ |
| | - | City/State and Zip Code | | 건설 5 | |
| | daomylam2023@gmail.com | to be used for future annual report notifi | | | |
| For further information c | concerning this matter, please c | | Canoni | | |
| Dao Lam | | 239 2227751 | | | |
| Name o | of Person | Area Code Daytime | Telephone Number | | |
| Enclosed is a check for t | he following amount: | | | | |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | te of Status & | |
| <u>Mailing Addre</u> Registration | | Street Address: Registration Sec | tion | | |
| Division of C | Corporations | Division of Corp | orations | | |

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

| DML Group LLC | | |
|---|--|------------------------------|
| (<u>Name of the Limited Liability Comp</u> (A Florida Limited | any as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company | were filed on <u>07/11/2023</u> | and assigned |
| Torida document number L23000328594 | | |
| his amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| AM PHAN GROUP LLC | | |
| he new name must be distinguishable and contain the words "Limited Liab | ility 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) | | <u> </u> |
| | | |
| | | |
| Inter new mailing address, if applicable: | | 75 4 |
| Mailing address MAY BE A POST OFFICE BOX) | <u>-</u> | |
| | | |
| | | |
| If amending the registered agent and/or registered office gent and/or the new registered office address here: | address on our records, <u>enter th</u> | ne name of the new register |
| Name of New Registered Agent: | | |
| Name of New Registered Agent. | | |
| New Registered Office Address: | Enter Florida street address | |
| | vnier v iorida sirvet address | |
| | , Flor | ida |
| | 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, <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> | <u>Name</u> | Address | Type of Action |
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| fective date, if other than the date of filing: | | | (optional) | |
| in effective date is listed, the date must be specific and cannot be pote: If the date inserted in this block does not meet the ap- | orior to date of fili | ing or more than 90 da | ys after filing.) Pursuar | |
| neument's effective date on the Department of State's reco | | | | |
| record specifies a delayed effective date, but not an effectiv | as time of 12:0 | 1 a.m. on the carling | of the The 90th d | av after th |
| is filed. | ic time, at 12.0 | t a.m. on the carre | 01. (0) THE 70th G | ay and o |
| 07/17/2023 | | | | |
| ated | · · | | | |
| Signature of a member or a | | | | |
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Filing Fee: \$25.00