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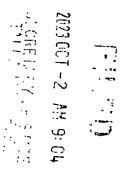
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## COVER LETTER

TO: Registration Section Division of Corporat	1	
SUBJECT: DEM R	LOCK ENTERPRISES, LLC Name of Limited Liability Company	
The enclosed Articles of Amer	endment and fee(s) are submitted for filing.	
Please return all correspondence	nce concerning this matter to the following:	
_	Dylan De Natte S Name of Person	
-	Dem & LOCK Enterprises, LLC Firm/Company	
-	2 Pinehill Trail W Address	
-	Jupiter, FL 33469 City/State and Zip Code	
Ţ	Dancette Sioc Ketta Outlook . COM  E-mail address: (to be used for future annual report notification)	
For further information concer	<u>-</u>	(38,535) 100 <b>6202</b> - J
Dylan Dematic Name of Pers	rson at (561) 339 - 7845 Area Code Daytime Telephone Number	-2 MH 9:0
Enclosed is a check for the fol	,	31.6 <b>1</b> 0
□ \$25.00 Filing Fee □	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☑ \$60.00 Filing Fee Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	latus &

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

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_ Florida document number 123000421846 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address Zip Code Cirr

## 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>	Address	Type of Action
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Filing Fee: \$25.00