L2400068863

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COVER LETTER

Division of Cor	rporations		•
DMA24 LE SUBJECT:			
		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DANIELA IBARRA		
		Name of Person	
		Firm/Company	
	9008 ALBA LANE	, ,	
		Address	
	KISSIMMEE/FLORIDA/	34747	
		City/State and Zip Code	
	DANI.IBARRA26@GMAI		2 6
		to be used for future annual report not	incation)
For further information c	oncerning this matter, please c	all:	
DANIELA IBARRA		7867811306	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:	,	
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

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See A

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DMA24 LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L24000068863	y were filed on FEBRUARY 07, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lial</u>	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the al	obreviation "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 agent and/or the new registered office address here:	address on our records, enter the nan	ne of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent		~
hereby accept the appointment as registered agent and ago provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I am , provided for in Chapter 605, F.S. Or,	Amiliar with and July this dominates

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>	Name	Address	Type of Action
AMBR	CHRISTIAN TOVAR	9008 ALBA LN, KISSIMMEE, FL 34747	
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			□Change
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Effective date, if other that fan effective date is listed, the defective date inserted in document's effective date or record specifies a delayed ed is filed. Dated 3/11/2024	this block does not the Department of effective date, but n	and cannot be prior to out the applicable of State's records.	e statutory filing request, at 12:01 a.m. on the	uirements, this dat	re will not be lise will not be lise will not be lise 2024 HAR 20 SECRL TAIL TAIL TAIL TAIL TAIL TAIL TAIL TAI	er the