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(Address)

(Address)

(City/State/Zip/Phone #)

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TALAMON, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DMR 4828 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:

ODALYS OLIVA

Name of Person

TAX CAPITAL GROUP

Firm/Company

250 CATALONIA AVE SUITE 701 A

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip Code

INFO@TAXCAPITALGP.COM

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

For further information concerning this matter, please call:

ODALYS OLIVA

305-589-4023

Name of Person

at (_____) _____

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	DMR EXPERT CONSULTING IN	13892 PINE LODGE LN	<input type="checkbox"/> Add
		FORT MYERS, FL 33913	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DMR DEVELOPERS LLC	13892 PINE LODGE LN	<input checked="" type="checkbox"/> Add
		FORT MYERS, FL 33913	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

N/A

E. Effective date, if other than the date of filing: _____ (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 _____, JUNE 13, 2024

Darinto Rogan

Signature of a member or authorized representative of a member

DANILO ROGERS

Typed or printed name of signee