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(Re	equestor's Name)	
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: DMP Services 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:	
Anarclis Picerno Name of Person	
DMP Services LLC Firm/Company	
1490 Kas lo Circle NW	
Palm Bay, Fl, 32907 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Anarelis Picerno at (321), 265-1522  Name of Person at (321), 265-1522  Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status of Certificate of Status of Certified Copy (additional copy is enclosed)	
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

DMP Servi	Ces	LLC	- · · ·	•
(Name of the Limited Liabili	ity Company a a Limited Liabi	s it now appear	s on our records.)	* ***
The Articles of Organization for this Limited Liability C Florida document number <u>L 2400032.57</u>			7/23/202 TALLAH 166	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability	company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Lim	nited Liability (	Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_			
(Principal office address MUST BE A STREET ADDR	<u>RESS)</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	ed office add	ress on our re	ecords, <u>enter the na</u>	ame of the new registered
Name of New Registered Agent:				
New Registered Office Address:		Enter Flor	ida street address	
			, Florida	
-		City		Zip Code
New Registered Agent's Signature, if changing Registere	ed 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>	Type of Action
<u>AMBR</u>	Donald M. Picemo	1490 Kaslo circle NW	)_ DAdd
		Palm Bay, Fl, 3290	□Remove
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ument's eff	fective date on th	e Department of	State's records	,			
cord specifi s filed.	ics a delayed effe	ective date, but no	t an effective ti	ime, at 12:01 a.m.	on the earlier of: (	b) The 90th day aft	er the
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ed <u>S'C</u>	Ptemb	er 17	, 2024	orized representative			
	· B	1.	n:				
	_ M	Signature of a	member or auth	orized representative	of a member		
					, or a member		
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