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B. BOSTICK
AUG **2 9** 2013
EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

DINAPER INVESTMENTS LLC

SUBJECT

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:

MANUEL BASSANINI

Name of Person

Firm/Company

5770 NW 60 AVE # E 101

Address

TAMARAC, FL. 33319

City/State and Zip Code

MANUEL_BASSANINI@HOTMAIL.COM

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

For further information concerning this matter, please call:

MANUEL BASSANINI

₃₁,305 3953954

Name of Person

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)

Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DINAPER INVESTMENTS LLC.

(Name of the Limited Liability Company as it now appears on our records.)

1 A)	Torida Limited Li	abinty Company)				
The Articles of Organization for this Limited Lia Florida document number L12000139688	bility Company	were filed on 11/05/20	12	and assi	gned	
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	he limited liabi	lity company here:				
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company," the d	lesignation "L	LC" or the a	 bbreviation	
Enter new principal offices address, if applicable:		5770 NW 60 AVE # E 10₺。 ≧				
(Principal office address MUST BE A STREET		TAMARAC, FL. 3	n P	BAUG 2	be entit	
Enter new mailing address, if applicable:			- - - - - -	8 PH	<u> </u>	
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>			RF 1: 2		
B. If amending the registered agent and/or registered agent and/or the new registered offi		:	rds, <u>enter tl</u>	ie name of	f <u>the</u> new	
Name of New Registered Agent:						
New Registered Office Address:	5770 NW 6	30 AVE # E101	1		 -	
	TA144546		da street addr			
	TAMARAC	; City	Florida 33	319 Zip Code	 -	
New Registered Agent's Signature, if changing Re	gistored Accents	City		Zip Coae		
New Registered Agent's Signature, it changing Re	gistered 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR.	ERIKA SERRANO	5770 NW 60 AVE # E101	Add
		TAMARAC, FL. 33319	Remove
MGR	RENZO BASSANINI	5770 NW 60 AVE # E101	
		TAMARAC, FL. 33319	Remove
			Add
		TALL AH	Remove 23 AUG 28
		SS ET C	Add
		FLORIDA	Remove
			_ Add
			_ Remove
			Add
			Remove

amending any other information	, enter change(s) here: (Attach additional sheets, if necessary.)
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AUGUST 22	2013
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Monul B	ono-i-
Signatu	re of a member or authorized representative of a member
MANUEL BASSAN	NNI
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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