113000134093

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)
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(Document Number)	
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SECRETARY OF STATE

MAY 1 6 2017 S. YOUNG

COVER LETTER

TO: Registration S Division of Co			
IDOINE E	DEVELOPMENT LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	STELLA LALANNE		
	deleter and the first days of the second	Name of Person	<u>.</u>
		Firm/Company	
	127 W FAIRBANKS, #34	2	يور المست
	WINTER PARK, FL 3278	Address	THE PROPERTY
	STELLA.LALANNE@IDO	City/State and Zip Code DINEDEVELOPMENT.COM	THAY OF STATE
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please co	all:	
STELLA LALANNE		407 580-9598	
Name o	of Person	Arca Code Daytimo	Telephone Number
Enclosed is a check for t	he 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lin	ited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)	
The Articles of Organization for this Limited Florida document number L13000134093	Liability Company were filed	on 09/23/2013	and assigned
This amendment is submitted to amend the fo	lowing:		
A. If amending name, enter the new name	of the limited liability compa	iny here:	
The new name must be distinguishable and contain the	words "Limited Liability Company,	"the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		THE REPORT OF THE PARTY OF THE
Enter new mailing address, if applicable:			5 P - C
(Mailing address MAY BE A POST OFFICI	<u> </u>		3 ORIGINAL STREET
B. If amending the registered agent and registered agent and/or the new registered of		ss on our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address: 127 W FAIRBANKS, #342		er Florida street address	<u></u>
			790
	, WINTER PARK City	, Florida 32°	Zip Code
New Registered Agent's Signature, if changing	•		•
I hereby accept the appointment as register provisions of all statutes relative to the pro	ed agent and agree to act in	this capacity. I further ag	ee to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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 = N MBR = A	Ianager Authorized Member		
<u>`itle</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			Change
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			□ Remove
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an effect ote: If	e date, if other than the date of filing:	to 605.0207 (3)(b) be listed as the
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 0th day after the record is filed.	earlier of:
nted M	<u>2017</u>	
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Typed or printed name of signee

Filing Fee: \$25.00