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TALLAHASSEE, FLORIDA

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11/1

OCT 28 2014

S. YOUNG

**PETER C. COTELIDIS**

*Attorney at Law\**

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\* MEMBER OF NEW YORK AND CALIFORNIA BARS

October 20, 2014

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: *Articles of Amendment to  
Articles of Organization of  
Dino & Mary Enterprises, LLC***

Dear Sir or Madam:

Enclosed herewith for filing, please find the Articles of Amendment to the Articles of Organization of Dino & Mary Enterprises, LLC, together with my check in the sum of \$60.00 in payment of filing fee, certificate of status and certified copy.

Should you have any questions, please feel free to call me.

Very truly yours,

  
Peter C. Cotelidis  
PCC/av  
Enclosures

cc: Mr. Dino Stavrinos (via e-mail w/enclosures)

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14 OCT 24 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DINO & MARY ENTERPRISES, 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:

- DINO STAVRINOS

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

1060 WEST SUNRISE BLVD.

\_\_\_\_\_  
Address

FORT LAUDERDALE, FL 33311

\_\_\_\_\_  
City/State and Zip Code

dinospeed69@yahoo.com

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

For further information concerning this matter, please call:

DINO STAVRINOS

at ( 954 ) 760-9922

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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14 OCT 26 PM 4:23  
TALLAHASSEE, FL  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

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

**DINO & MARY ENTERPRISES, LLC**

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

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 20, 2006 and assigned Florida document number L06000018545.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**DKMN ENTERPRISES, LLC**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

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FEB 20 2006  
TALLAHASSEE  
FLORIDA  
SECRETARY OF STATE

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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:**

*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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	MARY STAVRINOS	6200 N.W. 97TH AVENUE	<input type="checkbox"/> Add
		PARKLAND, FL 33076	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FL  
4:23 PM

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

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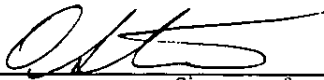
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E. Effective date, if other than the date of filing: NOVEMBER 1, 2014 (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER 17, 2014



Signature of a member or authorized representative of a member

DINO STAVRINOS

Typed or printed name of signee

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14 OCT 24 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA