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(R	equestor's Name)
(A	ddress)	
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(C	ity/State/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(В	dusiness Entity Na	ame)
(D	Ocument Number	r)
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COVER LETTER

TO: Registration Sect Division of Corpo		·	
SUBJECT:	Don Dinero Name of Limit	LLC ed Liability Company	
The enclosed Articles of Articles	mendment and fee(s) are sub-	mitted for filing,	
Please return all correspond	dence concerning this matter	to the following:	•
	Paul Al	Vale 2 Name of Person	,
	Oon Din	er o j LLC Firm/Company	
		42 St Address	
	Miami, Fl	35) SS City/State and Zip Code	
	E-mail address: (to	be used for future annual report notification	on)
For further information con	cerning this matter, please ca	ill:	
laul All	CHEZ_ Person	at (<u>365) 827 - 542</u> Area Code & Daytime Te	Selephone 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2813 DEC 30 PM 12: 30

ORGANIZATION SECRETARY OF STATE TALLAHASSEE, FLORIDA

Oon Dinero	LLC	
(Name of the Limited I (A I	iability Company as it now appears lorida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Lia Florida document number	· · · · —	2/12/08 and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here	;
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	•	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on or ice address here:	ur records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Ente	er 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 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

MGR = Man	ager		
Title	anaging Member <u>Name</u>	<u>Address</u>	Type of Action
MERCH	Ramon Ouran		
		108 Palmarito Street Coral Bobles, Fl 33146	Remove
			Add
**************************************	·		Add
			Remove Add Remove
			Add Remove

. II ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
Effect an effe	tive date, if other than the date of filing: 123/13 (optional) ective date is listed, the date must be specific and cannot be more than 90 days after filing.)
ted	December 33, 2013.
	Signature of a member or authorized representative of a member Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

