## 609000028612

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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SHID IECT

Dalino 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:

Alfredo Cabral

Name of Person

Alfredo E. Cabral P.A.

Firm/Company

250 NE 25th Street, Suite # 1709

Address

Miami, Florida 33137

City/State and Zip Code

ac.cpa@live.com

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

For further information concerning this matter, please call:

Alfredo Cabral

305<sub>9</sub>26-5724

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)

□\$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

Dalino LLC		
(Name of the Limited Liability (A Florida	ty Company as it now appears on our re Limited Liability Company)	ecords.)
(	Diffice Businey Company)	
The Articles of Organization for this Limited Liability	Company were filed on March 24, 2	2009 and assigned
Florida document number L09000028612		
Torida document namosi	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the we"L.L.C."	ords "Limited Liability Company," the de	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	7200
		YA G
		25 T
Enter new mailing address, if applicable:		may to The
(Mailing address MAY BE A POST OFFICE BOX)		- C7
(Mutting dualess MAT BE AT OST OFFICE BOA)		24 2
	-	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office ad		ds, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	a 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 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	<u>Address</u> <u>T</u>	vpe of Action
MGR	Mirta Bussey	20533 Biscayne Blvd. # 482	Add
		Aventura, Florida 33180	Remove
MGRM	TIN Brothers LLC	250 NE 25th Street, # 1709	Add
		Miami, Florida 33137	Remove
		SCORETARY OF STAR FALLAHASSEE. FLERRIDA	Add Remove  Add  Remove
			Add
	·		Add Remove

•	on, enter change(s) here: (Attach additional sheets, if necessary.)
N/A	
•	
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September 10	2013
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	8//
	ture of member or authorized representative of a member
Brian Bussey	Turned or winted grown of classes
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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