L09000085592

,		
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
		,
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Ciling Officer:	
Special instructions to	Filing Officer.	
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SECRETARY OF STATE
JIVISION OF CORPORATION

09 SEP 23 AM II: 25

T. HAMPTON

SEP 2 4 2009

EXAMINER

COVER LETTER

TO:

Registration Section

	porations				
SUBJECT:	DYLA	N AMIN, LLC			
-	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
		·			
	GOVIND	ARAJU RUDRAPAT	NA, CPA		
		Name of Person			
	RELIANCE CONSULTING, LLC				
		Firm/Company			
	3105 V	W WATERS AVE ST	TE 105		
		Address			
		TAMPA, FL 33614			
		City/State and Zip Code			
	E-mail address: (t	o be used for future annual re	eport notification)		
For further information co	oncerning this matter, please c	all:			
R.G.	. RAJU, CPA	at (_813_)	931-7258		
Name of		Area Code	& Daytime Telephone Number		
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is	Certificate of Status &		
Registra	ING ADDRESS: ation Section n of Corporations	Registration	/COURIER ADDRESS: on Section of Corporations		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DYLAN	I AMIN, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appea ted Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Comp	pany were filed on	09/03/2009	and assigned
Florida document numberL0900085592			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Comp	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:			SAFE 6
(Principal office address MUST BE A STREET ADDRES.	<u> </u>		
	·		23 CA
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			= 90
B. If amending the registered agent and/or registere- registered agent and/or the new registered office address		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street add	ress
	City	, Florida	Zip Code
	V		

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

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>	<u>Name</u>	Address	Type of Action
MGR	DAKSHA PATEL	1795 E JEFFERSON ST BROOKESVILLE, FL 34607	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter ch	range(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STA HVISION OF CORPORA 09 SEP 23 AM (1)
Dated	Signature of a mer	mber or authorized representative of a member	ATIONS
	, and the second se	PANKAJ PATEL	
	Ty	ped or printed name of signee	