

210000037361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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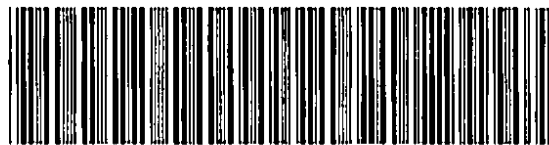
(Business Entity Name)

(Document Number)

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J. LEGGETT  
DEC 29 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

DILLON MUTO LLC

**SUBJECT:** \_\_\_\_\_  
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:

DILLON MUÑOZ

Name of Person

DILLON MUTU LLC

Firm/Company

PO BOX 1476

Address

WINTER PARK, FL 32790

City/State and Zip Code

DILLONMUTO@GMAIL.COM

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

for further information concerning this matter, please call:

\_\_\_\_\_ 407 637-7085  
 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**

DILLON MUTO 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 04/07/2017 and assigned  
Florida document number L10000037361

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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

520 N. ORLANDO DR., SUITE 205

WINTER PARK, FL 32789

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

P.O. BOX 1476

WINTER PARK, FL 32790

**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:

DILLON MUTO

New Registered Office Address:

P.O. BOX 1476

*Enter Florida street address*

WINTER PARK

Florida

32790

*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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	DILLON MUTO	P.O. BOX 1476	<input type="checkbox"/> Add
		WINTER PARK, FL 32790	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	TAMMY MUTO	P.O. BOX 1476	<input type="checkbox"/> Add
		WINTER PARK, FL 32790	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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