111000084380

(Red	questor's Name)	
(Add	dress)	•
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	re)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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COVER LETTER

Division of Co	orporations		
	ME PROPERTY, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	MERISHA K EAST, MG	RM	
		Name of Person	
	DINING POWER LLC		
		Firm/Company	
	623 SOUTH RD		
		Address	
	BOYNTON BEACH, FL	33435	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all:	
Name	of Person	at () Area Code Daytime	Telephone Number
rume	of reason	The code Dayane	Tetephone 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)

TO:

Registration Section

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

RESCUE ME PROPERTY, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our recor Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L11000084380}$.	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
DINING POWER LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	623 SOUTH RD	FILED WISION OF CONFORME
(Mailing address MAY BE A POST OFFICE BOX)	BOYNTON BEACH, FL 334	35
		र्वा क
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ls, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
- -	Enter Florida street addre	'SS
	, F	lorida
	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>	Address	Type of Action
MGRM	MERISHA K EAST	623 SOUTH RD	\ Add
		BOYNTON BEACH, FL 33435	□ Remove
		3	☐ Change
MGRM	CARRIE J GIESE	2838 N 73RD AVE, 1ST FLOOR	Add
		ELMWOOD PARK, IL 60707	☐ Remove
			☐ Change
		·	□ Add
			Remove
			□ Change
		·	Remove Constitution of the
			OPTISION OF CONTROL OF
			□ Remove
			☐ Change
			🗖 Add
			Remove
			□ Change

Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The effective date is a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed. Dated October 26 2016	
Effective date, if other than the date of filing:	
Effective date, if other than the date of filing:	
Effective date, if other than the date of filing:	
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Effective date, if other than the date of filing:	<u></u>
Effective date, if other than the date of filing:	DIV. 3
Effective date, if other than the date of filing:	810 H O
Effective date, if other than the date of filing:	₩ -3
Effective date, if other than the date of filing:	78 PH
Effective date, if other than the date of filing:	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed.	<i>S</i>
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The 90th day after the record is filed.	eet the applicable statutory filing requirements, this date will not be listed as
Dated October 26 , 2016 .	ate, but not an effective time, at 12:01 a.m. on the earlier of
20/1 / / / 0	2016
Mexista X 225	F East
Signature of a member or authorized representative of a member	nember or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00