# 111000092400

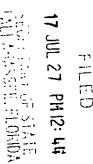
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S. WARREN AUG 0 1 2017

## **COVER LETTER**

	tion Section of Corporations					
SUBJECT:	DAFING		ed Liability Company	<del></del>		
The enclosed Artic	cles of Amendment an	d fee(s) are subm	nitted for filing.			
Please return all co	orrespondence concern	ing this matter to	the following:			
		Diec	Name of Person	erg		
		DAS	Firm/Company	W uc	<del></del>	
	470	o Sherid	an Street Address	SuiteJ		
			City/State and Zip Code		<del></del> -	
		die60 (E-mail address: (to	be used for future annual	eport notification)		
For further inform	ation concerning this r			•		
Flore	Encia Ra	ffo	at ( <del>786</del> ) Area Code	364-820 Daytime Telephone N	o ext 603	2
Enclosed is a chec	k for the following am	ount:				
<b>&amp;</b> \$25.00 Filing		ling Fee & ate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Cei losed) Cei	.00 Filing Fec. rtificate of Status & rtified Copy litional 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**

DAFING	GROU'	P LLC		
(Name of the Limited I	Liability Company Florida Limited Lia	as it now appears on bility Company)	our records.)	
The Articles of Organization for this Limited Liabi		ere filed on	11 2011	and assigned
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	e limited liabili	ty company here:		
N/A				
The new name must be distinguishable and contain the words	s "Limited Liability	Company," the design	ation "LLC" or the abbri	eviation "L.L.C."
Enter new principal offices address, if applicabl	le:	N/A		
(Principal office address MUST BE A STREET A	ADDRESS)			
Enter new mailing address, if applicable:		NA		
(Mailing address MAY BE A POST OFFICE BO	) X)			
				<del></del>
B. If amending the registered agent and/or	registered offi	ce address on ou	r records, <u>enter th</u>	ie name of the ne
registered agent and/or the new registered office	<u>e address here</u> :			
Name of New Registered Agent:	N/A	**************************************		
New Registered Office Address:				
	<u> </u>	Enter Florida s	treet address	
			, Florida	
-		City	, 1 101104	Zip Code
New Registered Agent's Signature, if changing Regi	istered Agent:			
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as register being filed to merely reflect a change in the register of the proper of this change in the change in the property of this change in the change in the change in the change in the change in this change in the change i	and complete pared agent as proissered office as ange.  [No. 1]	erformance of my ovided for in Chap ddress. I hereby co	duties, and I am fan ster 605, F.S. Or, if	niliar with and this document is ed liability — — — — — — — — — — — — — — — — — — —
	Done 1	of 2		
	Page 1 o	и 5		

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
MGR	EGBER, CLAUDIA M	4700 Sheridan street sulte	$_{ m bbA}$ $_{ m oxedsymbol{ar{L}}}$
		Hollywood, FL 33021	■ Remove
			Change
MGR	Leiprop LLC	4700 Sheridan Street duite	<b>∑</b> _□ ∧dd
		Hollywood, FL 33021	<b>⊠</b> Remove
			Change
MGR	Only Dreams LLC	3524 Silverside Road su	Add Add
		358	Remove
		Wilmington, Delaware 1981	0 □ Change
<del></del>	<del></del>		🗆 Add
			Remove
			Change
			□ Remove
			Cffange
<del></del>		<del></del> ::	
			Ado (1)
			☐ Change

	N/A
	<u> </u>
	<u></u>
	<del></del>
f an effect <u>Note:</u> If	date, if other than the date of filing:  O7 24 2017 (optional)  ive 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 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a seffective date on the Department of State's records.
e recor The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.
Dated	July 24+n 2017
	Claudia Egbert
	Signature of a flethore or afficultizer right someovers a filefiner
	Signature of a member or authorized representative of a member  Claudia Eg ber  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00