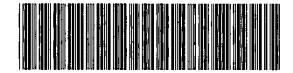
## L/200062429

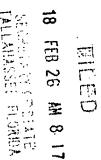
(Requestor's Name)
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J. LEGGETT FEB 27 2018

## **COVER LETTER**

TO:

TO:	Registration Sec Division of Corp			
ara in	DINA AMN	IS LLC		
SUBJE(	LI;	Name of Limi	ted Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspon	ndence concerning this matter	to the following:	
		DINA GORBY		
			Name of Person	
			Firm/Company	
		15039 TALL TIMBER BL		
		HUDSON FL 34669	Address	
		——————————————————————————————————————		
		DINAGORBYREALESTA	City/State and Zip Code TE@GMAIL.COM	
			to be used for future annual report noti	fication)
For furt	her information co	oncerning this matter, please ca	all:	
DINA (	GORBY		727 424-4681 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for th	e following amount:		
\$25	.00 Filing Fec	□ \$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)
	Registr Divisio	ING ADDRESS: ation Section n of Corporations	STREET/COURI Registration Section Division of Corpor	on
		ox 6327 ssee, FL 32314	Clifton Building 2661 Executive Co	enter Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DINA AMMS LLC		
(Name of the Limited Liah (A Flor	ility Company as it now appears on our rec ida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability	Company were filed on 05/09/2012	and assigned
Florida document number L12000062429	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
DINA GORBY LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
		7 EB 🗐 -
		26
Enter new mailing address, if applicable:		
		ω α
(Mailing address MAY BE A POST OFFICE BOX)		5 H -
B. If amending the registered agent and/or regressivered agent and/or the new registered office ac	9	ords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		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 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
			Add
			Remove
			Change
			D Add
			Remove
			Change
		<del></del>	Add
			☐ Remove
			Change
		·	
			Remove
			Change
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change

18 FEB 26 MM 8: 17 SECRETAL SE	Effective date, if other than the date of filing:  f an effective date is listed, the date must be specific and cannot be prior to date of incomparts. If the date inserted in this block does not meet the applicable statudocument's effective date on the Department of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 605.0 tory filing requirements, this date will not be listed
FEB 26		
		26 A
: 10		3-16
		: <u>Z</u> a <b>z</b>

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00