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15 JUL 22 PH 5: 08

SECRETARY OF SIATE

JUL 23 2015

S. YOUNG

COVER LETTER

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dawn Crowley		
		Name of Person	
	DainoKin Ventures		
		Firm/Company	
	549 Casa Sevilla Ave		52 5
		Address	
	St Augustine, FL 32092		
		City/State and Zip Code	2 Z
	dawndaino@yahoo.com		
	E-mail address: (to be used for future annual report notifi	22 PM 5: 08
For further information of	concerning this matter, please c	all:	ड्रांच ळ
Dawn Crowley		813 838-2630 at ()	
Name o	of Person		Telephone Number
Enclosed is a check for t	he 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)
MAII	INC ADDDESS.	STDEET/COUDIN	TD ADDDESS.

MAILING ADDRESS:

TO:

Registration Section

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

DainoKin Ventures LLC		
(Name of the Lim	ited Liability Company as it now appears or (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited I	2012 and assigned	
This amendment is submitted to amend the fol	lawing:	
	•	
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 desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	नंक स
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE		नाम य
		्री पा
		52편 유
B. If amending the registered agent and registered agent and/or the new registered of		ur records, <u>enter the name of the ne</u>
Name of New Registered Agent:	Dawn Crowley	
New Registered Office Address:		
	Enter Florida	street address
		, 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>	<u>Address</u>	Type of Action
			□ Remove
			Add
			☐ Remove
			Change
			🗖 Add
		/ 	Remove
			22d PR
			Change
			Add
			□ Remove
			☐ Change
			Add
			Remove
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ffective date, if other than th	e date of filing:		(optional))
an effective date is listed, the date moleculer of the date inserted in this becoment's effective date on the I	ust be specific and cannot be block does not meet the a	applicable statutory filing re	than 90 days after filing equirements, this date	.) Pursuant to 605.0207 will not be listed as
e record specifies a delaye The 90th day after the re		ut not an effective tim	e, at 12:01 a.m.	
July 17	2015			
lated				22 [

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00