L12000151947

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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10/04/24--01020--018 **25.00



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DUTTILE DIDCED DAD LIC

DETIT S BUNGER BAR LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L12000151947</u> .	pany were filed on December 4, 2012	and assigned
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 I	Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter the n</u>	name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Ag		•
I hereby accept the appointment as registered agent and	l agree to act in this capacity. I further	agree to comply with th

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	Christopher Purdy	24 E. Washington St.	
		Orlando, FL 32801	■Remove
MGRM E	Ermal Lulo	24 E. Washington St.	
		Orlando, FL 32801	≡ Remove
			Change
			□Add
			□ Remove
			Change
		<u> </u>	□Add
			□Remove
			Change
			Remove
			نې . د د د د د د د د د د د د د د د د د د د

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☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00