1130000 32984

(Requestor's Name)
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,
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

APPROVEU AND FILED

7.00. 03/01/19

COVER LETTER

DINOTOM SUBJECT:	1 VENTURE, LLC				
	Name of Lim	ited Liability Company	_		
	Amendment and fee(s) are sub	-			
	ANGEL D CORDOVA				
		Name of Person		_	
		Firm/Company		_	
	780 NW 42 AVENUE STI	E 325			
	Address				
	MIAMI, FL 33126			2019 FEB 25 SECRETAR TALLAHASS	Þ
	AR@ACORDOVA.COM	City/State and Zip Code			FILE
	E-mail address: (to be used for future annual report notifi	cation)	프를 프) / (
For further information of	oncerning this matter, please co	all:		PH 3: 55 OF STATE E. FLORES	
ANGEL D CORDOVA		305 444-5511		਼ਾਜ ਲ	
Name o	of Person		Telephone Numbe	r	
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	ı

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

DINOTOM VENTURE, LLC			
(Name of the Lin	ited Liability C (A Florida Lir	Company as it now appears on our remited Liability Company)	ecords.)
The Articles of Organization for this Limited Florida document number <u>L13000032984</u>	and assigned		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited	I liability company here:	
NA			
The new name must be distinguishable and contain the	words "Limited	Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	NA	
(Principal office address MUST BE A STRE	ET ADDRES	55)	
Enter new mailing address, if applicable:		NA	2019 FEI SECRE
(Mailing address MAY BE A POST OFFICE BOX)			FILE B 28
			ED SE
B. If amending the registered agent and registered agent and/or the new registered	~,		cords, enteroffice name of the nev
registered agent and/or the new registered	ornee address	s nere.	01
Name of New Registered Agent:	NA		
New Registered Office Address:	NA		
		Enter Florida street a	ddress
			, Florida
		City	Zin 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 addof removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ELENA AMADIO DE CARPICO	3992 NIGHTHAWK DRIVE WESTON, FL 33331	■ Add
			Remove
			☐ Change
			Add
			Remove
			Change
			APPROVE 2019 FLB 25 PP SECRETARY OF
			Remay S P Remay S P S I S I S I S I S I S I S I S I S I
			S Add
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	r to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(beable statutory filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but no (b) The 90th day after the record is filed.	ot an effective time, at 12:01 a.m. on the earlier of:
Dated FEBRUARY 24. 2019	·
. Devalundis 10.	
Signature of a member or auth	orized representative of a member
ELENA AMADIO DE CARPICO	
Typed or prin	red name of signee

Page 3 of 3

Filing Fee: \$25.00