

L14000058172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

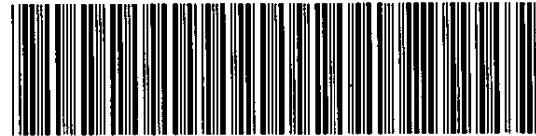
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
15 FEB 18 PM 12:51  
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AND  
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15 FEB 18 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. MILLIGAN  
EXAMINER

FEB 18 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: IMAGES BY DZYN LLL  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDREA NORTON  
Name of Person

Firm/Company

1886 NICKLAUS Ct Apt. C  
Address

TALLAHASSEE, FL 32301  
City/State and Zip Code

ibdzyns@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREA NORTON  
Name of Person

at ( 850 )  
Area Code

322-6539  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional 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**

15 FEB 18 PM 1:02  
RECEIVED  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

IMAGES BY DZYN LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/9/14 and assigned  
Florida document number 14000058172.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

IB DZYN, LLC  
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

1411 KINGFORD AVE

TALLAHASSEE, FL 32310

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

Same

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

1411 KINGFORD AVE

*Enter Florida street address*

TALLAHASSEE

*City*

, Florida

32310

*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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>   | <u>Address</u>        | <u>Type of Action</u>           |
|--------------|---------------|-----------------------|---------------------------------|
| MGR          | ANDREA NORTON | 1411 KINGFORD AVE     | <input type="checkbox"/> Add    |
|              |               | TALLAHASSEE, FL 32310 | <input type="checkbox"/> Remove |
|              |               |                       |                                 |
|              |               |                       | <input type="checkbox"/> Add    |
|              |               |                       | <input type="checkbox"/> Remove |
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|              |               |                       |                                 |

Address chg. only.

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STATE OF FLORIDA  
TALLAHASSEE

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated \_\_\_\_\_, \_\_\_\_\_.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

ANDREA NORTON  
\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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AND  
FILED  
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