## LI4000071195

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	Name of Lim	ited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	MARINO DE LA ROSA			
		Name of Person	<u>-</u>	
	DYM ENTERPRISES LL	С		
		Firm/Company		
	11806 SHOTGATE CT			
	a	Address		
	ORLANDO, FL 32837			
		City/State and Zip Code		
	INFO@EMPIRETAXES.C	OM		
	E-mail address: (	to be used for future annual report noti	fication)	
for further information c	oncerning this matter, please c	all:		
MARINO DE LA ROSA	A	770 882-1898		
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne 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)	
Mailing Address Registration 9		Street Address: Registration Se	ction	
Registration Section Division of Corporations		<del>-</del>	Registration Section Division of Corporations	
P.O. Box 6327		The Centre of T	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DYM ENTERPRISES LLC	any as it now appears an our records )	<u>.</u>
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L14000071195	were filed on <u>05/01/2014</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Inter new principal offices address, if applicable:	<del></del>	
Principal office address MUST BE A STREET ADDRESS)		
		23 c.
		10 15 15 15 15 15 15 15 15 15 15 15 15 15
Enter new mailing address, if applicable:	DYM ENTERPRISES LLC	12. S.
•	805 GEORGIAN HILLS DR	0.7
	LAWRENCEVILLE, GA 30045	
Mailing address MAY BE A POST OFFICE BOX)		0.7
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new registe
Name of New Registered Agent: MARINO DE	LA ROSA	

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

11806 SHOTGATE CT

**ORLANDO** 

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

\_, Florida 32837 Zip Code 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
MGR	JOSE EUGENIO NUNEZ	11806 SHOTGATE CT	
		ORLANDO, FL 32837	Remove
			□Change
MGR MARINO DE LA ROSA	MARINO DE LA ROSA	11806 SHOTGATE CT	≣Add
		ORLANDO, FL 32837	□Remove
			☐ Change
AMBR	MARINO DE LA ROSA	11806 SHOTGATE CT	<b>=</b> Add
		ORLANDO, FL 32837	_
			□Change
			□Remove
			□Change
			Remove
			☐ Change
			□Add
			□Remove
			□ Change

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(If an eff <u>Note:</u>	ve date, if other than the date of filing:
ne recor ord is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	1/22/2021.
	Signature of a member or authorized representative of a member  MARINO Del 1A ROSA
	MARINO De 1A ROSA Typed or printed name of signee

Filing Fee: \$25.00