

Li4000097266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

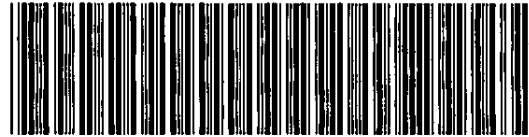
(Business Entity Name)

(Document Number)

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14 OCT 20 AM 7:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers OCT 20 2014

elr  
10/20

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Dining Solutions LLC  
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:

Deborah Lytle, Agent  
Name of Person

Dining Solutions LLC  
Firm/Company

7573 Raymary St Unit F  
Address

Bokeelia Fl. 33922  
City/State and Zip Code

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

For further information concerning this matter, please call:

Deborah Lytle at (239) 691-6347  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

Dining Solutions 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 6/10/14 and assigned  
Florida document number L14000093266

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 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**)

Deborah Lytle  
15790 Quail Trl.  
Bokeelia, FL 33922

Enter new mailing address, if applicable:

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

Dining Solutions LLC  
7573 Raymary St Unit F  
Bokeelia, FL 33922

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:

Deborah Lytle  
15790 Quail Trl.  
Bokeelia, Florida 33922  
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.

Deborah Lytle, Agent  
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/Member	Nancy L. Wilson	5326 Martin Cove Bokeelia Fl. 33922	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Mgr Member	An Trinh Spitak	5326 Martin Cove Bokeelia, Fl. 33922	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Member	Nanci B Gaffney	5326 Martin Cove Bokeelia, Fl 33922	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Mgr Member	Deborah Lytle	15790 Quail Trl Bokeelia Fl. 33922	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Member	Maria Marina Rosales	907573 Baymary St Unit F Bokeelia Fl 33922	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

☐ Add

☐ Remove

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

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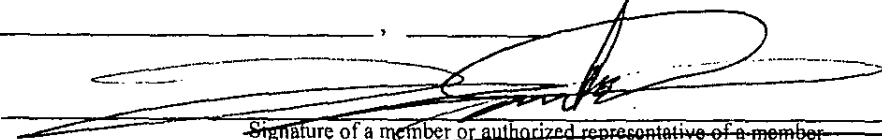
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E. Effective date, if other than the date of filing: 10/24/14 (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
An Trinh Spitak  
\_\_\_\_\_  
Typed or printed name of signee

FILED  
14 OCT 20 AM 7:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA