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(Requestor's Name)
(Address)
(Address)
۲,
(City/State/Zip/Phone #)
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(Business Entity Name)
(business Entity Name)
(Document Number)
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COVER LETTER

Division of Corp	porations		
Seas The Mo SUBJECT:	oment LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspor	ndence concerning this matter to	o the following:	
	Kimberly Dibble		
		Name of Person	
	Dibble Dabble LLC		
		Firm Company	
	824 Lakewood Drive		
		Address	
	Holly Hill, Florida 32117		
		City/State and Zip Code	
	dibbledabble824@gmail.con	to be used for future annual report n	
For further information co	oncerning this matter, please cal		олисанону
,	,	•••	
Kumburly Yanne of	Dibble Person	at (<u>386) 214 -</u> Area Code Days	8285 ime Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	■ \$60,00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	I	O	_
ART	TICLES OF C	ORGANIZATION	2
)F	Contract of the contract of th
	-		103/U/2/PM/4:09
Seas The Moment LLC			
	ited Liability Comp	iny as it now appears on our record	<u>K</u>)
	(A Florida Limited	Liability Company)	00
The Articles of Organization for this Limited I	Liability Company	wore filed on October 03, 2014	and assigned
	istaonicy Company	were med on	and dayighed
lorida document number L14000154767	 ,		
his amendment is submitted to amend the fol	llowing:		
	_		
A. If amending name, enter the new name	<u>of the limited liah</u>	ility company here:	
Dibble Dabble LLC			
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
nton non-principal offices address if appli			
Enter new principal offices address, if applicable:		Holly Hill, Florida 32117	
<u>Principal office address MUST BE A STRE</u>	<u>ET ADDRESS)</u>		
			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		824 Lakewood Drive	
		Holly Hill, Florida 32117	
3. If amending the registered agent and/or	rogistoral office	addraec an our ragarde, anton	the nume of the new registered
ent and/or the new registered agent and/or		address on our records, enter	the name of the new registered
N CNITV	Kimberly Dibb	le	
Name of New Registered Agent:			
New Registered Office Address:	824 Lakewood		
		Enter Florida street addre:	· · · · · · · · · · · · · · · · · · ·
	Holly Hill	£1	lorida <u>32117</u>
		,, , , ,	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.

gistered 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
AMBR	Kimberly Dibble	*24 Lakewood Drive	= Add
		Holly Hill FL 32117	□Remove
			
Ms	Mary Jo Paletar	208 Pierce Ave #11	□Add
		Cape Canayberal FL 32920	€ Remove
			□ Change
			□ Add
			(☐Remove
			Change
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••	ve date, if other than the date of filing:
	the state of the s
e rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
intod	Harch 24 2021
	140000
	$V \setminus V \setminus X \cap V$
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00