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J. Sinkers APR 1 7 2015



COVER LETTER

	gistration Se vision of Cor			
~	DASHUN	LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		ROBERTO GONZAL	.EZ	
			Name of Person	
		GONZALEZ & PART	TNERS CPAS LLC	
		······	Firm/Company	
		2199 PONCE DE LE	ON BLVD SUITE 200	
			Address	
		CORAL GABLES, F	L 33134	
			City/State and Zip Code	
		rgonzalez@rgcpa.net		
			to be used for future annual report notifi	ication)
For further	information c	oncerning this matter, please ca	all:	
ROBER	TO GONZ	ALEZ	305 447-8886	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	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 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

A CLINIAL LI C

DASHUN LLC		
(Name of the Limited Liability Comps (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L14000163732	were filed on 10-20-2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	9451 SW 56 SREET	
	MIAMI, FL 33165	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		name of the new
Name of New Registered Agent.	703	CO MARKET
New Registered Office Address:	Enter Florida street address	A 177
	City , Florida	Lip Ende
New Registered Agent's Signature, if changing Registered Agent:		ଔ

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 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 = M $AMBR = A$	anager uthorized Member		
Title	Name	Address	Type of Action
·			□ Add
			□ Remove
			□ Remove
*************			Add
			☐ Remove
			Add Add Ramove
			An Add And Add And And And And And And A
			Add □ Remove

D. If amending any o	ther information, enter	change(s) here:	(Attach additional shee	ets, if necessary.)
 		·	<u></u>	
(The effective date must	other than the date of filing the specific, cannot be	date of receipt or file	ed date and cannot be more th	(optional) an 90 days after
Dated 03-26	t is filed by the Florida Departm	2015		
		You		
	Signature of	a member of muhor	ized representative of a mem	ber
LEANI	DRO M. ALONSO	/		
		Typed or printed	name of signee	

Page 3 of 3

Filing Fee: \$25.00

