## 114000163732

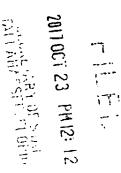
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K. SALY OCT 24 2017

## **COVER LETTER**

TO: , Registration Section Division of Corporations

MAILING ADDRESS:

Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

SUBJECT: DASI	TUN L.L.C		
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	LEANDRO	M. ALONSO	
		Name of Person	
	DASHUN	L.L.C.	
		Firm/Company	·
	8195 SW	151 STREET	
		Address	
	PALMETTO BA	Y, FL, 33158 City/State and Zip Code COGHAIL.COM	
	~ A CH(11/1) 1	City/State and Zip Code	
	E-mail address: (1	to be used for future annual report notific	cation)
For further information co	ncerning this matter, please ca	·	,
LEANDRO M.	ALONSO	at ( <u>PS4</u> ) <u>SBB</u> Area Code Daytime	1433
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)

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

2012-
201700123
2017 OCT 23 PH 12: 12
rds.) 111 (5-20 5)

Name of the Limited Liability Company as it now appears on our reco

he new name must be distinguishable and contain the words "Limited Liabil	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	ice address on our records, enter the name of the

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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 Type of Action <u>Title</u> <u>Name</u> **Address** DANIELA E. NOVICK 8195 SW ISI STREET, DAD PALMETTO BAY, FL, 33158 Remove ☐ Change DANIELA E. NOVICK MGR ☐ Add PALMETTO BAY, FL, 33158 Remove ☐ Change ☐ Add Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change

		16 C
		<u> </u>
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ffective date, if other tl	an the date of filing:	(optional)
Note: If the date inserted i	date must be specific and cannot be prior to date of filing in this block does not meet the applicable statutory	
focument's effective date (	on the Department of State's records.	
ie record specifies a c	elayed effective date, but not an effecti	ive time, at 12:01 a.m. on the earlier o
The 90th day after t		
Dated 10-17	2017	
Dated 10 C	No.	
	Sal-	
	Signature of a member or authorized represen	tative of a member

Page 3 of 3

Filing Fee: \$25.00