

L140 00169863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

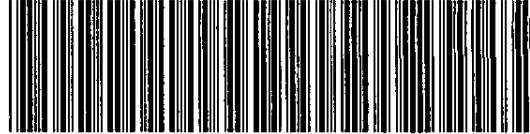
(Business Entity Name)

(Document Number)

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15 FEB 20 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers FEB 26 2015

February 11, 2015

Patricia Lynn Dinning
5678 Country Lakes Drive
Sarasota, FL 34243

Re: Florida Real Estate Commission
Application Number: 3878987, Profession 2501

Dear Patricia Dinning:

Thank you for being one of our valued licensees. We appreciate the opportunity to assist you in this matter.

We received your request which we are unable to complete for the following reason(s):

Due to lack of proper registration with the Florida Department of State, Division of Corporations, your application has been deferred. To use the PA/LLC designation in the real estate profession as an individual, you must register your legal first and last name with one of the following suffixes: PA, LLC, PL, or PLLC. Your middle name or initial is optional. Once you have updated the registration at www.sunbiz.org, resubmit your request. You may also contact them by phone at 850.245.6000. Nicknames, abbreviations, or any other name that is not your legal name is not acceptable nor should your name be registered as a fictitious name.

Note: Our records indicate that your legal name is Patricia Dinning.

Once we have received this information from you, we will complete our review of your request. Your application will remain in an incomplete status until such time you have submitted all the requested information for review. If you would like to check the status of your request or if you have any questions, you may visit our website at www.MyFloridaLicense.com. You may also contact the Department at www.myfloridalicense.com/contactus or by calling 850.487.1395. To help us process your request more efficiently, please provide your application number on all correspondence. Mail all correspondence, including a copy of this letter, to:

DBPR-Central Intake
1940 N Monroe Street
Tallahassee, FL 32399- 0783

Thank you in advance for your cooperation.
SAS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Patricia Dinning CCIM, 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:

Patricia Dinning

Name of Person

Firm/Company

5678 Country Lakes Drive

Address

Sarasota, FL 34243

City/State and Zip Code

patdinning@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pat Dinning

at 941 376-7234

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**

Patricia Dinning CCIM, 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 01/01/15 and assigned
Florida document number 47-2215928.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Patricia L. Dinning, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

Florida

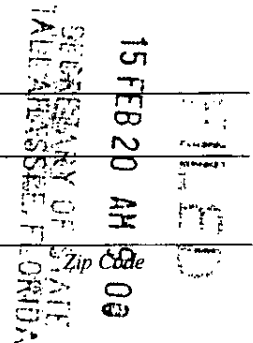
City

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.

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(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 February 17, 2015.

Patricia L. Dinning

Signature of a member or authorized representative of a member

PATRICIA L. DINNING

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA