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FEB 17 2015
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DINA RICHARD INTERIOR DESIGN, 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:

Dounia E. Izmary

Name of Person

DINA RICHARD INTERIOR DESIGN, LLC

Firm/Company

12864 Biscayne Blvd #319

Address

North Miami FL 33161

City/State and Zip Code

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

For further information concerning this matter, please call:

Dounia E. Izmary

at (305) 868-3382

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DINA RICHARD INTERIOR DESIGN, 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 12/22/2014 and assigned
Florida document number L15000001532.

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:

12864 Biscayne Blvd #319

(Principal office address MUST BE A STREET ADDRESS)

North Miami FL 33161

Enter new mailing address, if applicable:

12864 Biscayne Blvd #319

(Mailing address MAY BE A POST OFFICE BOX)

North Miami FL 33161

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:

Dounia E. Izmary

New Registered Office Address:

12864 Biscayne Blvd #319

Enter Florida street address

North Miami

City

Florida 33161

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.

Dounia E. Izmary
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> |
|--------------|------------------|---------------------------|--|
| AMBR | Dounia E. Izmary | 734 S Rainbow Dr | <input checked="" type="checkbox"/> Add |
| | | Hollywood Hills, FL 33021 | <input type="checkbox"/> Remove |
| AMBR | Dina Richard | 12864 Biscayne Blvd #319 | <input type="checkbox"/> Add |
| | | North Miami, FL 33161 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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 DALE ASSOCIATES, FLORIDA

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

Please add LLC's EIN #47-2688821 to record

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

Feb 2/2015

Dounia E. Izmay

Signature of a member or authorized representative of a member

DOUNIA E. Izmay

Typed or printed name of signee

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Filing Fee: \$25.00

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