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(Requestor's Name)					
(Address)					
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PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					
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COVER LETTER

COVER DETTER
TO: Registration Section Division of Corporations
SUBJECT: Trend With Me 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:
David Dubiner Name of Person
Firm/Company 8015 NW 21d Court Address Gainesville, FL 32607 City/State and Zip Code Adubiner @ aol. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David Dubin er at (352) 318-8488 Name of Person at (352) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

Trend With	Mes LLC	
	y Company as it now appears on our rec Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Co	ompany were filed on $\frac{2/17}{2}$	7/15 and assigned
Florida document number <u>L 150000 3</u>	2.3/0	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
DUBINER LLC	_	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	-: 2 :
		A DATE
Enter new mailing address, if applicable:		20
(Mailing address MAY BE A POST OFFICE BOX)		
		全面
B. If amending the registered agent and/or registered agent and/or the new registered office add		rds, enter the name of the new
regstered agent and/or the new regstered office addi	icas nere:	
Name of New Pagintaned Agents		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	danaa
	,	Florida
	Cuy.	Lip Com

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

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an effective date is listed, the dat	the date of filing: the must be specific and cannot be prior to date this block does not meet the applicable st	of filing or more than 90 days after fil	ing.) Pursuant to 605.0207 (3)(b)
ocument's effective date on t	he Department of State's records.	tatutory filling requirements, this da	ate will not be listed as the
e record specifies a del The 90th day after the	ayed effective date, but not an record is filed.	effective time, at 12:01 a.n	n. on the earlier of:
ated 4/18/	16		
	Signature of a member or authorized	len-	
7		representative of a member	
	Typed or printed nam		

Page 3 of 3

Filing Fee: \$25.00