

L15000066636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SEAL OF STATE
TALLAHASSEE, FLORIDA

2015 MAY 21 PM 5:44

FILED

K. SALY
EXAMINER
MAY 26 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2015

DININGOUTFLORIDA, LLC
SUSAN E THOMPSON
4440 FAIRWAYS BLVD. #209
BRADENTON, FL 34209

SUBJECT: DININGOUTFLORIDA, LLC
Ref. Number: L15000066636

RECEIVED
15 MAY 21 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for DININGOUTFLORIDA, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 415A00009445

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DININGOUTFLORIDA

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:

Susan E.Thompson

Name of Person

DININGOUTFLORIDA

Firm/Company

4440 Fairways Blvd.#209

Address

Bradenton, FL. 34209

City/State and Zip Code

creidimpublications@outlook.com

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

For further information concerning this matter, please call:

Susan E.Thompson

at (941) 9282087

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**

DININGOUTFLORIDA,LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2015 MAY 21 PM 5:44

The Articles of Organization for this Limited Liability Company were filed on 4/16/15 and assigned
Florida document number L15000066636.

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:

(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

MGR = Manager ,
AMBR = Authorized Member

[illegible]

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 April 21st 2015



Signature of a member or authorized representative of a member

Susan E Thompson

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2015 MAY 21 PM 5:44
CLERK OF SUPREME COURT
TALLAHASSEE, FLORIDA