

L15000140738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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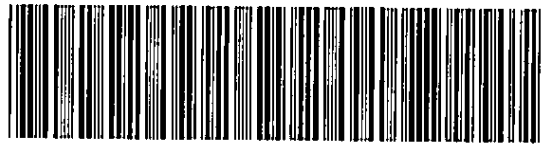
(Business Entity Name)

(Document Number)

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COVER LETTER

To: Registration Section
Division of Corporations

SUBJECT: Designed Dazzle LLC (new)
Name of Limited Liability Company
Dollar Dazzle LLC (New)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following.

Charles E Nielsen
Name of Person

Designed Dazzle LLC
Firm/Company

5517 Sunrise Drive
Address

Fort Myers, FL 33919
City/State and Zip Code

designeddazzle@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Nielsen at (515) 441-4597
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

Dollar Dazzle 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 8/14/2015 and assigned Florida document number L15000140738

This amendment is submitted to amend the following:

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

Designed Dazzle LLC

The new name must be distinguishable and contain 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)

No change

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

No change

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:

Charles E Nielsen

New Registered Office Address:

5517 Sunrise Drive

Enter Florida street address

Fort Myers

City

Florida

33919

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.

Charles E Nielsen

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Debra D Duvall	5517 Sunrise Drive	<input type="checkbox"/> Add
		Fort Myers, FL 33919	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dru Mitchell	2225 NE 15 th Terrace	<input checked="" type="checkbox"/> Add
		Cape Coral, FL 33909	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated April 21, 2019

Chula & Niker

Signature of a member or authorized representative of a member

Charles E Nielsen

Typed or printed name of signee