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(Re	equestor's Name)	
(Ad	ddress)	
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(Ci	ity/State/Zip/Phone	<del>;</del> #)
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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: THE	DIETBEOKER Name of Limit	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	HARYMH	MIODIEBEOOK Name of Person	
	<del></del>	Firm/Company	
	33 SW 1	14th Ave.	
		Address	<del></del>
	BOCA RA	TON, FL 334	86
	Mimi & T	City/State and Zip Code  HEDIETBROKERS o be used for future annual report notific	s. COH_ation)
For further information co	ncerning this matter, please ca	11:	
HARRYMM !	HIDDLEBROOK	at (954) 999-7	257
Name of	Person	Area Code Daytime T	l'elephone 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

(1) Fronda Elimie	pany as it now appears on our records.) d Liability Company)	१.३
The Articles of Organization for this Limited Liability Compared Florida document number	ny were filed on Nobel 2015 and assigned	
A. If amending name, enter the new name of the limited lia  THE DIRT BROKER  The new name must be distinguishable and contain the words "Limited Lia	s MC	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	CURRENT	<del></del>
Enter new mailing address, if applicable:	CURRENT	_
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		e nev
Name of New Registered Agent:	CURRENT	
New Registered Office Address:	Enter Florida street address	
<del></del>	, Florida	

#### 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 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 Title Name | **Address Type of Action** \_□ Add ☐ Remove Change \_□ Add □ Remove \_□ Change \_□ Add \_\_ Change ☐ Add \_□ Remove \_ Change \_□ Add ☐ Remove \_\_\_\_\_ □ Change \_□ Add \_\_\_\_\_ Remove

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			d effective cord is filed		not an effec	tive time, a	t 12:01 a.	m. on the e	arlier o
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Filing Fee: \$25.00