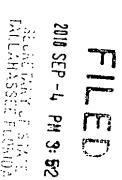
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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration S Division of Co | | | | | |
|--------------------------------------|---|---|------------------|---------------|-------|
| | DINH INVESTMENT LLC | | | | |
| SUBJECT: | Name of Lin | iited Liability Company | | | |
| The enclosed Articles o | f Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all corresp | ondence concerning this matter | to the following: | | | |
| | THUAN DINH | | | | |
| | DINH & DINH INVESTM | Name of Person | | | |
| | DING & DING INVESTIV | IENT LLC | | | |
| Firm/Company 3900 COOL WATER CT. | | | | | |
| | | Address | | | |
| | WINTER PARK, FLORII | DA 32792 | | 2010 | |
| | tdinh18@gmail.com | City/State and Zip Code | - | 2018 SEP -I | |
| | E-mail address: (| to be used for future annual report notific | cation) | | سؤمية |
| For further information | concerning this matter, please co | all: | | PH 3: | |
| THUAN DINH | | 407 617-6300 at () | | 6 8 | * |
| Name (| of Person | | Telephone Number | | |
| Enclosed is a check for t | the following amount: | | | | |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | e of Status & | |

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

| DINH & DINH INVESTMENT LE | _C | | |
|--|--|--|---------------------------|
| (Name of the Limit | ted Liability Compa (A Florida Limited) | iny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited L Florida document number 81-1507806 | .iability Company | were filed on 30 AUGUST 2018 | and assigned |
| This amendment is submitted to amend the following | lowing: | | |
| A. If amending name, enter the new name of | f the limited liab | ility company here: | |
| DINH & DINH INVESTMENT LLC. | | | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designation "LLC" or t | the abbreviation "L.L.C." |
| Enter new principal offices address, if applic | 3900 COOL WATER CT. | | |
| (Principal office address MUST BE A STREET ADDRESS) | | WINTER PARK, FL 32792 | 20 Z |
| Enter new mailing address, if applicable: | , note | SAME AS ABOVE | 1 |
| (Mailing address MAY BE A POST OFFICE | <u>BOX)</u> | | 5 w |
| B. If amending the registered agent and registered agent and/or the new registered o | • | | iter the name of the |
| Name of New Registered Agent: | NONE | | |
| New Registered Office Address: | SAME | | |
| | | Enter Florida street address | |

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.

City

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> | Name | <u>Address</u> | Type of Action |
|--------------|---------------------|-----------------------|---------------------|
| AMBR | ANTHONY DUYANH DINH | 3900 COOL WATER CT. | |
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| | | WINTER PARK, FL 32792 | |
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| ective date, if other than the | be specific and cannot be prior to date | of filing or more than 90 days after | ional) er filing) Purs | uant to (| 505 020° |
| te: If the date inserted in this blo | ck does not meet the applicable st | atutory filing requirements, th | is date will r | ot be i | isted a |
| cument's effective date on the De | partment of State's records. | | | | |
| | | | | | |
| record specifies a delayed | effective date, but not an e | effective time, at 12:01 | a.m. on t | he ea | rlier o |
| The 90th day after the reco | ora is tilea. | } | | | |
| 31 AUGUST | 2018 | 1//- | | | |
| ted | | No | / | | |
| - | - Alin - | m // | | | |
| | | <u> </u> | _ | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00