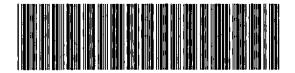
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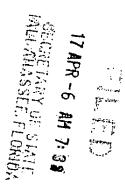
(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

}	Dione's Chang		gels				
	(Name of the Limit	ted Liability Comps (A Florida Limited)	ny as it now appearability Company	ears on our : /)	ecords.)		
The Flor	Articles of Organization for this Limited Lide document number 216000 68	iability Company	were filed on	03/20	7/17	and a	ssigned
This	amendment is submitted to amend the follo	owing:	•				
A.	f amending name, enter the new name o	f the limited liab	ility company	<u>here</u> :			
The	new name must be distinguishable and contain the w	vords "Limited Liabil	ity Company," the	designation	"LLC" or the a	bbreviation "	L.L.C."
Ent	er new principal offices address, if applic	able:		<u> </u>			
(Pri	ncipal office address MUST BE A STREE	T ADDRESS)					
Ente	er new mailing address, if applicable:					98000 7011000	
Ma	iling address MAY BE A POST OFFICE	BOX)				20	E %
İ						2 S	A Company
	If amending the registered agent and/ stered agent and/or the new registered of			on our red	cords, enter	the name	of the new
	Name of New Registered Agent:	Daniel	Patric	<u>۱</u>	Sprone	<u>'∩</u>	
	New Registered Office Address:	3418	2rd	VAVE Iorida street a	South	<u> </u>	
!		S) pet	eshung		aaress _, Florida	3371	1
			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

Page 1 of 3

If amending	amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:			
MGR = N $AMBR = A$	ı			
Title	Name	Address	Type of Action	
	Shantelle Javis	601 49 Street North	l□ Add	
		St petersburg +1 3371	<u>U</u> R emove	
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ffective date, if other than the date of filing:	_		(optio			
an effective date is listed, the date must be specific and ones. If the date inserted in this block does not me ocument's effective date on the Department of States.	cannot be prior to da eet the applicable	te of filing or more t statutory filing red	han 90 days after t	filing.) Pur	rsuant to not be	605.02 listed
e record specifies a delayed effective da The 90th day after the record is filed.	ate, but not ar	effective time	e, at 12:01 a.	.m. on 1	the ea	arlier
ated $\frac{D3}{29}$,	2017.					
Signature of a m	ember or authorized	representative of a	member	·		_

Page 3 of 3

Filing Fee: \$25.00