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SECRETARY OF STATE
ORID

S. WARREN DEC 0 5 2017

## **COVER LETTER**

Division of Cor	porations			
SUBJECT:	Ding Properties, LLC			
SUBJECT.	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Mic	chael P Ding		
		Name of Person		_
	Di	ng Properties, LLC		
		Firm/Company		-
	7604	S West Shore Blvd		
		Address		-
	Ta	mpa, FL 33616		_
	Dingp	City/State and Zip Code roperties@gmail.com		
	E-mail address: (	to be used for future annual	report notification)	
For further information of	oncerning this matter, please co	all:		
Michael P Dir	ng	813	720-7727	
Name o	of Person	Area Code	Daytime Telephone Number	:r
Enclosed is a check for t	he following amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	Certific (losed) Certific	ate of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

**Registration Section** 

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

Ding Properties,	LLC		
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appearmited Liability Company)	irs on our records.)	<del></del>
The Articles of Organization for this Limited Liability Co Florida document numberL16000079241	mpany were filed on	4/22/2016	and assigned
This amendment is submitted to amend the following:			•
A. If amending name, enter the new name of the limit	ed liability company h	ere:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the	designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
(Principal office address MUST BE A STREET ADDRI	<u> </u>		
	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office addresses agent and/or the new registered office addresses agent.		n our records, enter the	e name of the nev
New Registered Office Address:			
	Enter Flo	orida street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered	·		Zip Coue
		annacity I further naves	to comply with the
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered aging filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance o ent as provided for in l office address, I here	f my duties, and I am fam Chapter 605, F.S. Or, if t	illiar with and this document is ed liability
	at Attanbund azellenges en ti		

Page 1 of 3

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>	Address	Type of Action
MGR	Michael P Ding	7604 S West Shore Blvd	■ Add
		Tampa, FL 33616	☐ Remove
			Change
MGR	Jennifer Ding	336 S Charlotte St	Add
		Unit B	□ Remove
		Havana, IL 62644	☐ Change
**********			Add
			□ Remove
			☐ Change
*			Add
			☐ Remove
			Add
			☐ Remove
			☐ Change
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n effec	edate, it other the date is listed, the	date must be specific	and cannot be prior to	date of filing or more	than 90 days after	onal) filing.) Pursuant to 605
		in this block does no on the Department (		e statutory filing re	equirements, this	date will not be list
		delayed effective the record is file		an effective tim	e, at 12:01 a	i.m. on the earli
	November 30					
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at <b>ed</b> _	Patrid	Signature o	f a member or authoriz	ed representative of	a member	声的 1
at <b>ed</b> _		~ ·	f a member or authoriz	ed representative of	a member	7 OEC
ated _		Signature o Patrick	of a member or authorized		a member	7 DEC -L
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