(Requestor's Name)	
(Requestors Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	<u>.</u>
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SUBJE		EMARKETING LLC		
0000		Name of Limi	ited Liability Company	
The end	losed. Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	-	ndence concerning this matter	to the following:	
		DALIG YERI LUNA PIZA	ARRO	
			Name of Person	
DAKAR REMARKETING LLC				
Firm/Company				
5151 S ORANGE BLOSSOM TRAIL, STE A				
			Address	
		ORLANDO, FL 32839		
		<u> </u>	City/State and Zip Code	
		NANCYMOYETON@HOT		
		E-mail address: (t	o be used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please ca	dt:	
DALIG YERI LUNA PIZARRO		321 304-9027		
Name of Person		at () Area Code Daytime	Telephone Number	
Enclose	d is a check for th	e 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

DAKAR REMARKETING LLC		
(Name of the Lim	ited Liability Company as it now appears on o (A Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited I	Liability Company were filed on 06/24/20	and assigned
Florida document number 1.16000119221		
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE</u>	<u></u>	
		<u>#</u>
3. If amending the registered agent and registered agent and/or the new registered of		records, enter the name of the n
ogistered agent anarot the new registered	THE AGUICSS HETE.	N
Name of New Registered Agent:	DALIG YERI LUNA PIZARRO	28
New Registered Office Address:	14052 ISLAND BAY DRIVE	
	Enter Florida str	eet address
	ORLANDO	, Florida ³²⁸²⁸
	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 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
MRG	PAVEL VICEVICH	5151 S ORANGE BLOSSOM TRA	
		ORLANDO, FLORIDA 32839	■ Remove
		14052 ISLAND BAY DRIVE	☐ Change
MGR	DALIG YERI LUNA PIZARRO	ORLANDO, FL 32828	_ Add
			□ Remove
			Change
			□ Add
			Pemove
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	ate, if other the	ate, if other than the date of date is listed, the date must be specified.	ate, if other than the date of filing:	ate, if other than the date of filing:	ate, if other than the date of filing: (optional	SEPTEMBER 20, 2016

Page 3 of 3

Filing Fee: \$25.00