L16000176273

(Requ	uestor's Name)	- -
(Addi	ress)	
(Addı	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doce	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	
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COVER LETTER

	istration Sec ision of Corp		·	
SHR IFCT)	8799 94TH			
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		PHUONG BUI		
			Name of Person	
			Firm/Company	
		7864 93RD ST.		
			Address	
		SEMINOLE, FL 33777		
			City/State and Zip Code	
		YENPHUONG2@GMAIL.		
For further in	iformation co	n-mail address: (meerning this matter, please ea	to be used for future annual report (all:	iothesition)
PHUONG B	UI		941 223-8552	
	Name of	Person	at () Area Code Day	time Telephone Number
Enclosed is a	check for th	e following amount:		
≡ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy Gadditional 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

8799 94TH AVE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{09/21/2016}{}$ and assigned Florida document number 1.16000176273 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DAHLIA KEYS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 7864 936RD ST Enter new principal offices address, if applicable: SEMINOLE, FL 33777 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = 7	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		·	Add
			Remove
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ective date, if other than effective date is listed, the date	must be specific and cannot be prior to date	(optional) c of filing or more than 90 days after (iling.) Pursuant to 605.0.
	is block does not meet the applicable s ne Department of State's records.	tatutory filing requirements, this date will not be listed
record specifies a dela he 90th day after the		effective time, at 12:01 a.m. on the earlier
JULY I	2017	

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Typed or printed name of signee

Filing Fee: \$25.00