117000025252

(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doct	ument Number)
Certified Copies	Certificate	s of Status
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COVER LETTER

TO: Registration Section Division of Corporations			
SURJECT: DWINDLE LLC			
Name of Limited Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
DAVID SENRA			
Name of Person			
Firm/Company			
1521 Alt 20 Rd #891			
Address			
M.Ami BEAU FI 33139			
City/State and Zip Code			
DENIO G DENIO SENKA COM			
For further information concerning this matter, please call:			
PAVID SENRA 11(786) 877-9975			
Name of Person Area Code Daytime Telephone Number			
Address M.AM. BEAU FI 33139 City/State and Zip Code DAVID C DEWID SENRA. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Pavid Senra			
,			

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

DHINDLE LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1700005252	were filed on 21117	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
DAVID SEHRA LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Missi BEAUL FI	37130
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1521 Alt = 12 HS M.AM. BERUH, FI.	33130
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r the name of the ne
Name of New Registered Agent:		V U
New Registered Office Address:		
	Enter Florida street address Florida	PH L
	City	Zip Code
A1 75 1		

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.

NID

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 = N $AMBR = N$	Manager Authorized Member		
<u>Pitle</u>	Name	<u>Address</u>	Type of Action
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certive date, if other than the date of filing:	ling.) Pursuant	to 605.0207 be listed as
record specifies a delayed effective date, but not an effective time, at 12:01 a The 90th day after the record is filed.	m. on the ϵ	earlier of
10d JANE 15th 3018		
101		
led		
Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00