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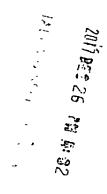
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COVER LETTER

TO: Reg Div	gistration Sec ision of Corp	tion orations		
eun irær.	Dumitru 500	, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Christian Dumitru		
			Name of Person	
		Dumitru 500, LLC		
			FirmvCompany	
		4218 Fillmore Street		
			Address	
		Hollywood, FL 33021		
			City/State and Zip Code	
		rockydabox@hotmail.com	to be used for future annual report notific	
			·	ration)
For further in	nformation co	ncerning this matter, please co		
Richard E. I	Douglas		at () 618-1005 Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling 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

Dumitru 500, LLC	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on April 4, 2017 and assigned
Florida document number L17000075807	<u></u> .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDI	RESS)
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 add	stered office address on our records. enter the name of the nedless here:
registered agent and of the new registered office and	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	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

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	Florentin Dumitru	600 S. Rainbow Drive	Add
		Hollywood, FL 33021	_ □ Remove
			Change
			□ Add
			Remove
			□ Change
			Add
			Remove
			SSEE FLORING
			Remove □ Kemove
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			Remove ☐ Change

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ective date, if other than the date of filin	December 22	. 2017	(option	al)
reffective date is listed, the date must be specific an	d cannot be prior to	date of filing or more	than 90 days after fi	ling.) Pursuant to 605.0
te: If the date inserted in this block does not a cument's effective date on the Department of life.		he statutory ming r	equirements, ans a	aile will not be listed
record specifies a delayed effective		an effective tim	ne, at 12:01 a.i	m. on the earlier
The 90th day after the record is filed.	•			
December 22	2017			
ted		<u>-</u> ·		
	2			
		bed representative of		
Signature of a	member or author	ned representative of	a member	

Page 3 of 3

Filing Fee: \$25.00