L17000 152670

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
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January 26, 2021

DAN ILAN 1210 S INDIANA AVE APT 2814 CHICAGO, IL 60605

SUBJECT: DIOY LLC

Ref. Number: L17000152670

We have received your document for DIOY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L15000129248.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 721A00001725

Octavia L Simmons
Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

TO:		ition Secti of Corpo				
SUBJEC		DY LLC				
SUBJEC	C1		Name of Lim	ited Liability Company		
The encl	losed Arti	icles of Ar	nendment and fee(s) are sub	mitted for filing.		
Please re	eturn a i l c	orrespond	ence concerning this matter	to the following:		
			Dan Ilan			
				Name of Person		
			DIOY LLC			
				Firm/Company		
			1210 S Indiana Ave, Apt 2	814		
				Address		
			Chicago, IL. 60605			
				City/State and Zip Code		
			yasser.dioyllc@gmail.com			
			E-mail address: ()	to be used for future annual re	eport notification)	
For furth	ner inforn	nation con	cerning this matter, please co	ali:		
Dan Har					-9786	
		Name of Po	erson	Area Code	Daytime Telepho	ne Number
Enclosed	d is a chec	ck for the t	following amount:			
≘ \$ 25.	.00 Filing	Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional 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 Tallahaceoe Fl 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 M. Monroe Street, Cultis 210

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2421 MAY -7 AM 10: 45

DIOY LLC		, unite #2
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on ou da Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on 07/17/201	7 and assigned
Porida document number L17000152670		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
LAKEVIEW PROPERTIES FL LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
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 registere	ed office address on our records.	, enter the name of the new registe
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member				
<u>Title</u> <u>Name</u>	<u>Address</u>	2821 HAY -7		Type of Action
		<u>.</u>		□Add
				□Remove
				□Change
			-	□Add
		<u> </u>		□Remove
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ective date, if other than the	date of filing:	or to date of filing or m	(opti	onal)	0202
te: If the date inserted in this ble cument's effective date on the De	ick does not meet the appr	icable statutory filin	g requirements, thi	s date will not be liste	d as
cord specifies a delayed effective s filed.	date, but not an effective	time, at 12:01 a.m.	on the earlier of: (b	o) The 90th day after	the
ed April 16th	2021	<u> </u>			
		B			
	///-				
	Signature of a member or aut	norized representative	of a member		

Filing Fee: \$25.00