## L17000228960

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2023 JUL 17 AH 7: 1



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

Dimola LLC

2023 JUL 17 AF 7: 17

(A riona	a Limited Liability Company)	•			
The Articles of Organization for this Limited Liability C Florida document number L17000228960	Company were filed on 11/06/2017	and assigned			
his amendment is submitted to amend the following:					
. If amending name, enter the new name of the limited liability company here:					
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDI	RESS)				
		- <del></del>			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registere	d office address on our records, enter	the name of the new regis			
agent and/or the new registered office address here:	<u> </u>				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address	;			
		orida			
	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

y.

## **COVER LETTER**

Dimola Ll SUBJECT:	.c		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
·	Diana Maries		
		Name of Person	
	Dimola LLC		
		Firm/Company	
	13212 Parkhurst Ct		
	<del></del>	Address	
	Riverview, FL, 33569		
		City/State and Zip Code	
	dc9maries@gmail.com		
		to be used for future annual report notific	cation)
For further information	concerning this matter, please c	all:	
Diana Maries		623 6066205 at ()	
Name (	of Person		Felephone Number
Enclosed is a check for t	he 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

Mailing Address:

**Registration Section** 

**Division of Corporations** 

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(additional copy is enclosed)

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>	Name	<u>Address</u>	Type of Action
AMBR	Catalin Maries	13212 Parkhurst Ct, Riveriew, FL, 33569	<del>≣</del> Add
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			□ Change
			□Add
		<del></del>	□ Remove
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ective date, if other than the date effective date is listed, the date must be: If the date inserted in this blockument's effective date on the Dep	ck does not meet th	ie applicable s	e of filing or more tatutory filing r	(ope than 90 days aft equirements, th	tional) er filing.) Pursua his date will no	int to 605.0 it be listed
cord specifies a delayed effective of filed.	date, but not an eff	fective time, a	t 12:01 a.m. on	the earlier of: (	(b) The 90th	day after t
ed July 12	202	23				
	<del></del>	· ·				
(	Danie					
Si	ignature of a member	r or authorized	representative of	a member		

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Filing Fee: \$25.00