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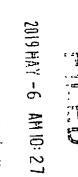
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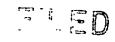
COVER LETTER

	TO: Registration Se Division of Cor		· ·	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: MICHAEL ANHARI Name of Person Nechtfur LLC Firm/Company 12911 SUNSTONE ARE APT 111045 Address ORLANDO FL 32832 City/State and Zip Code MICHAEL DWARFCODE. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MICHAEL ANHARI Name of Person Area Code Daytine Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee \$60.00 Filing Fee	subject: Nor	thfurr LLC	ited Liability Company	
Please return all correspondence concerning this matter to the following: MICHAEL ANHARI Name of Person Nec'thfur LLC Firm/Company 12911 Sunstone Are APT 11105 Address ORLANDO FL 32832 City/State and Zip Code MIKE & DWARFCODE. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MICHAEL ANHARI Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee \$60.00 Filing Fee			ownpany	
MICHAEL ANHARI Name of Person Northfure LLC Firm/Company 12911 SUNSTONE Are APT 11105 Address ORLANDO FL 32832 City/State and Zip Code MIKE & DWARFCODE. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MICHAEL ANHARI Name of Person at (\$13) 812 - 4281 Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee \$255.00 Filing Fee & \$60.00 Filing Fee.	The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Northfur LUC Firm/Company 12911 Sunstone Ave APT 11105 Address ORLANDO FL 32832 City/State and Zip Code MIKE & DWARFCODE. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael Anhar at (\$13) 812 - 4281 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee \$\Bigsim \$30.00 Filing Fee & \$\Bigsim \$55.00 Filing Fee & \$\Bigsim \$60.00 Filing Fee.	Please return all correspo	ndence concerning this matter	to the following:	
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City/State and Zip Code MIKE & DWARFCODE. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MICHAEL ANHARI Name of Person at (\$13) \$12 - 9281 Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\infty\$ \$25.00 Filing Fee \$\Bigcircless{2}\$ \$30.00 Filing Fee & \$\Bigcircless{2}\$ \$55.00 Filing Fee & \$\Bigcircless{2}\$ \$60.00 Filing Fee.			Northfur LLC Firm/Company	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael Anhar		12911 Su	nstone Ave APT 1110 Address) 5
For further information concerning this matter, please call: Michael Anhar at (\$13) 812 - 4281 Name of Person Area Code Daytime Telephone Number				
MICHAEL ANHARI Name of Person at (\$13) 812 - 9281 Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee \$\square\$\$\$\$\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee.		E-mail address: (E & DWARFCODE. Co.M. to be used for future annual report notic	(ication)
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S \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,	MICHAEL Name o	ANHARI Person	at (<u>\$13</u>) <u>\$12 - 42</u> Area Code Daytime	281 e Telephone Number
	Enclosed is a check for the	ne following amount:		
(additional copy is enclosed) Certified Copy	\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	☐ \$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



2019 HAY -6 AM 10: 27

Nor	thfurr LLC	
(<u>Name of the Limited Lia</u> (A Fle	ibility Company as it now appears on our records.) orida Limited Liability Company)	- SE_, - L
The Articles of Organization for this Limited Liabilit	y Company were filed on Nevenber 13.	Lon and assigned
Florida document number <u>L17000234624</u>	·	
This amendment is submitted to amend the following	<u>;</u> :	
A. If amending name, enter the new name of the	limited liability company here:	
Dwarf code LLC		
The new name must be distinguishable and contain the words "	Eimited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(<u>Mailing address MAY BE A POST OFFICE BOX</u>	<u> </u>	
B. If amending the registered agent and/or re	roistered office address on our records, en	ter the name of the ne
registered agent and/or the new registered office a		ter the name or the ne
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 = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			□ Remove
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f an effect Note: I	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
	and specifies a delayed effective date, but not an effective time, at $12:01~a.m.$ on the earlier of $90th$ day after the record is filed.
Dated _	05/02/2019
Dated _	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00