18000000005

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COVER LETTER

TO: Registration Solution of Co.			
DУ	KA Property	, / / c	
SUBJECT:	Name of Lin	ated Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Nga Dyka Pi	Name of Person	
		Firm/Company	
	10038 11	Nimosa Silk Dr	<u>, </u>
	Fort My	City/State and Zip Code City/State and Zip Code Comcast, to be used for future annual report notification)	13 not
	E-uphil address: (to be used for future annual report notification)	1/8/
For further information c	concerning this matter, please c		
NG C	c CoHer	at (239) 634-24 Area Code Daytime Telephon	SO e Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration: Division of C P.O. Box 632	Section Corporations	Street Address: Registration Section Division of Corporation The Centre of Tallahass	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DyKA Property	166	
(Name of the Limited Liability Comb (A Florida Limited	bany as it now appears on our re (Ciability Company)	çords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L. 18.00002021</u> 5	y were filed on 2/1/	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liable Dyka Accounting amended the new yame must be distinguishable and contain the words Limited Liab	hility company here: \[\text{VOPOFTY} \] bility Company: the designation "	Minagewent LLC
Enter new principal offices address, if applicable:	.,,	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>er</u>	DECEMBER 1
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	ldress
		, 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	Name	Address	Type of Action
			UAdd
			□Remove
			☐ Change
			LlAdd
			□Remove
			□Change
			□ Add
			□Remove
			□ Change
			LAdd
			IRemove
			☐ Change
			UAdd
			□ Remove
			□Change
			UAdd
			□Remove
			□Change

2. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Article III
Article III. Other provissous, if Any
- Classiff The
Aug Lawful Purposes
C. C
Effective date, if other than the date of filing:
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m., on the earlier of: (b) The 90th day after the ecord is filed.
Dated February 1 2023.
. ////////////////////////////////////
Signature of afficiency or authorized representative of a member
Typed or printed name of signee

Filing Fee: \$25.00