

218000131807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 AUG 30 AM 11:00

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SEP 06 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DERIN ENTERTAINMENT LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

GABRIELLA CHIOSTERGI  
Name of Person

Firm/Company

2200 MALIBU LAKE CIRCLE 928  
Address

NAPLES FL 34119  
City/State and Zip Code

gabriellederine@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gabriella Chiostergi at (239) 404 2592  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 (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**

DERIN ENTERTAINMENT LLC

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

The Articles of Organization for this Limited Liability Company were filed on 5/25/18 and assigned  
Florida document number L18000131807.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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>           | <u>Address</u>              | <u>Type of Action</u>                      |
|--------------|-----------------------|-----------------------------|--|
| AMBR         | DERIN RESTAURANTS LLC | 2200 MALIBU LAKE CIRCLE 928 | <input type="checkbox"/> Add               |
|              |                       | NAPLES FL 34119             | <input checked="" type="checkbox"/> Remove |
|              |                       |                             | <input type="checkbox"/> Change            |
| MGR          | DERIN LLC             | 2200 MALIBU LAKE CIRCLE 928 | <input checked="" type="checkbox"/> Add    |
|              |                       | NAPLES FL 34119             | <input type="checkbox"/> Remove            |
|              |                       |                             | <input type="checkbox"/> Change            |
|              |                       |                             | <input type="checkbox"/> Add               |
|              |                       |                             | <input type="checkbox"/> Remove            |
|              |                       |                             | <input type="checkbox"/> Change            |
|              |                       |                             | <input type="checkbox"/> Add               |
|              |                       |                             | <input type="checkbox"/> Remove            |
|              |                       |                             | <input type="checkbox"/> Change            |
|              |                       |                             | <input type="checkbox"/> Add               |
|              |                       |                             | <input type="checkbox"/> Remove            |
|              |                       |                             | <input type="checkbox"/> Change            |
|              |                       |                             | <input type="checkbox"/> Add               |
|              |                       |                             | <input type="checkbox"/> Remove            |
|              |                       |                             | <input type="checkbox"/> Change            |

18 AUG 30 AM 11:00

UNITED STATES  
SECRETARY OF COMMERCE  
DIVISION OF CORPORATIONS

6/01/18

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 1 . 2018

  
Signature of a member

Signature of a member or authorized representative of a member

GABRIELLA CHOSTERGI

Typed or printed name of signee