## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190000103573)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tc:

Division of Corporations

Fax Number

Fax Number : (950) 617-6383

: (845)818-3588

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 : (945)425-0077 Phone

\*\*Enter the email address for this business entity to be used for fut@ annual report mailings. Enter only one email address please. \*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DARTININVESTMENTSLLC

Certificate of Status	θ
Certified Copy	U
Page Count	04
Estimated Charge	\$25.00

DEC 1 0 2019

A LUN!

Electronic Filing Menu Corporate Filing Menu

()

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DARTININVESTMENTSLLC			
( <u>Name of the Limited Liabilly</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	<u>(s.)</u>	
The Articles of Organization for this Limited Liability Co Florida document number 1.18600197916	ompany were filed on Aug 17, 2018	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company here:		
Dartin Investments LLC			
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC	" or the abbieviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or regis registered agent and/or the new registered office address and/or the new registered agent and/or the new registered agen	tered office address on our record	s. enter the Affine as the no	
registered agent aware the seen registered over and		3*	
Name of New Registered Agent:			
New Registered Office Address:	Unier Floride street addre	.51	
	FI	. Florida	
	Ciry	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 diales, 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 filled 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				
Title	Name	Address	Type of Action	
<del></del>			□ Add	
			□ Remove	
			Change	
	,	·		
			□ Remove	
			☐ Change	
			D Add	
			□ Kennove	
			Change F	
			Or Kemove	
			☐ Change	
			ПЛ	
			Remove	
			Change	
			☐ Add	
			☐ Remove	
			Change	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00