## 119000024516

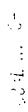
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## **COVER LETTER**

Division of Co		. •			
DIXIE DI	HARMA - OVIEDO, LLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	Michelle Cragan				
		Name of Person			
	MSH CPAs				
	•	Firm/Company			
	707 E Colonial Dr				
	Address				
	Orlando, FL 32803				
		City/State and Zip Code	· · ·		
	michelle@orlando-account		<u> </u>		
		to be used for future annual report notif	neation)		
For further information	concerning this matter, please c	all:			
Michelle Cragan		407 228-0700			
Name	of Person	at ()	e 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DINIE DHARMA - OVIEDO, 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  $\frac{01/23/2019}{1}$ \_\_\_\_ and assigned Florida document number L19000024516 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Dharma Fine Vittles - Oviedo, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 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 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. Thereby 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>	Address	Type of Action
			□ Change
<u></u>			□Add
		<del></del>	□Remove
			TChange
<del></del> -			
			□Change
			\ \ \ \
			ZRemove
		<del>-</del>	TChange
	<del></del>	<del></del>	DAdd
		<del></del> -	□Remove
			- C1

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)

(If an effective 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 (3)(b) 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. If 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 record is filed. Dated \_\_ September 4 2020 Signature of a member or authorized representative of a member Shaun Noonan Typed or printed name of signee

Filing Fee: \$25.00