L19000069575

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12/11/20

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: B()1.1	Dino HR Co	insulfaints; LL ted Liability Company	- <u>C</u>
The enclosed Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspor	ndence concerning this matter t	to the following:	
	Peurline	C PIEITE Name of Person	·
	Building	HR CONSULTC	12 LC
	2901 W Oakl	and Park Blud	Ste B20
	oukland Pa	City/State and Zip Code	 _
	LOVELY FOX &	CI+ G-Mail & (Co be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	ıll:	
Yearline C Name of	,	at (<u>561</u>) <u>(199- (</u> Area Code Daytim	S355 e Telephone Number
Enclosed is a check for th	e 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

FILED

The Articles of Organization for this Limited Liability Company were filed on $\frac{03-12-30}{9}$ Florida document number <u>L1900069575</u>. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 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, 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>	Type of Action
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			□Remove
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(If an eff Note:	(optional) fective 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)(If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
f the recor	rd 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 led.
Dated	10-30-90
	Signature of a member or authorized representative of a member
	Pecir in E C Pierre Typed or printed name of signee