

L1A000 103 931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

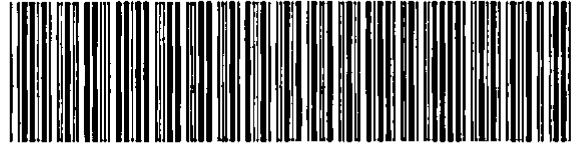
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/09/19--0103--014 **25.00

FILED
2019 SEP -9 PM 2:45
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

SEP 1 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DRAPERIES BY DYLAN LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

DYLAN ZIMMERMAN
Name of Person

DRAPERIES BY DYLAN LLC
Firm/Company

28647 ALESSANDRIA CIRCLE
Address

BONITA SPRINGS FL 34135
City/State and Zip Code

DYLAN.ZIMMERMAN44@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DYLAN ZIMMERMAN at (517) 3014969
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**

FILED

DIRAERIES BY DYLAN LLC

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

PA 2 15

The Articles of Organization for this Limited Liability Company were filed on 4/16/18 and assigned Florida document number 419000103931.

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)

28647 ALESSANDRIA CIRCLE
BONITA SPRINGS FL 34135

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

28647 ALESSANDRIA CIRCLE
BONITA SPRINGS FL 34135

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:

DYLAN ZIMMERMAN

New Registered Office Address:

28647 ALESSANDRIA CIRCLE

Enter Florida street address

BONITA SPRINGS

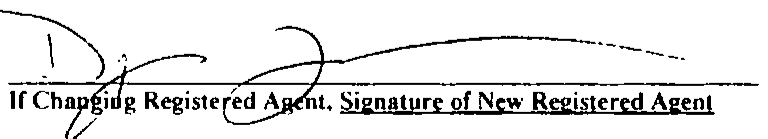
City

Florida 34135

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>
MGR	DYLAN ZIMMERMAN	28647 NESSANDRIA CIRLE BONITA SPRINGS FL 34135	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NEEDS CHANGED TO MANAGER MANAGED LLC

E. Effective date, if other than the date of filing: _____ (optional)

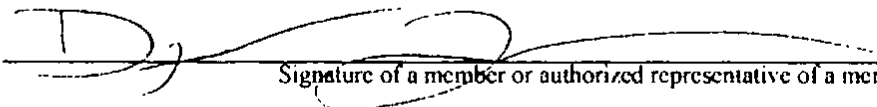
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 _____


Signature of a member or authorized representative of a member

DYLAN ZIMMERMAN
Typed or printed name of signee