119000131553

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only



500378370495

01/12/22--01001--005 **25.00

Ancord

JAH 1 2 2022 I ALBRITTON 2022 JAN I I PM 3: 54

CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PIC	CK UP:	1/11 DANNY	<u></u>		
CERTIFIED COPY					
РНОТОСОРУ					
CUS					
FILING	LLC	AMEND			
DIMPP'S LLC					
(CORPORATE NAME AND DOC	UMENT #)				
(CORPORATE NAME AND DOC	UMENT #)			<u></u>	
(CODDOD ATT MANY					
ICORPORATE NAME AND DOCI	JMENT #)				-
(CORPORATE NAME AND DOC	JMENT #)				
CORPORATE NAME AND DOCU	JMENT #)	-			
	CERTIFIED COPY PHOTOCOPY CUS FILING DIMPP'S LLC (CORPORATE NAME AND DOCK	PHOTOCOPY CUS FILING LLC	CERTIFIED COPY PHOTOCOPY CUS FILING LLC AMEND DIMPP'S LLC (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #)	CERTIFIED COPY PHOTOCOPY CUS FILING LLC AMEND DIMPP'S LLC (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #)	CERTIFIED COPY PHOTOCOPY CUS FILING LLC AMEND DIMPP'S LLC (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIMPP'S LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our rec imited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Con Florida document number L19000131553	npany were filed on MAY 15, 2019	9 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "I	.l.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	SS)	5
		F)
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	<u></u>	27
		с.
		39
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>ent</u>	ter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	iress
	,	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>	Address	Type of Action
MGR	JAMES JONES	3152 WILLOW CREEK PLACE	🗆 Add
		ECONDIDO, CA. 92027	Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			FiChanas

							
							
-							
							
		· ·		- 100 - 1112			
	. <u>. </u>				<u>-</u>	T1:	
						<u></u> .	
		- · · · · · · · · · · · · · · · · · · ·			-		
							
	<u> </u>						
	 :						
			-				
		<u> </u>					
 -							
<u>te:</u> 11 th	date inserted in	an the date of fi late must be specific this block does n the Department	of meet the app	dicable statutory	g or more than 90 d filing requireme	_ (optional) lays after filing.) Purs ents, this date will	suant to 605,0201 not be listed as
s filed.						er of: (b) The 90t	h day after the
ed	Vanura	y //	2020	<u>z</u> .	tative of a member		
	•						
_		Signature o	La/4 U	thorized represso	taring of a manager	 	

Filing Fee: \$25.00