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	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	-
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	(Business Entity Name)	
	(Document Number)	
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Special Instructions	s to Filing Officer:	
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Tallahassee, FL 32314

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	intendment Needed 1,20000087539 - Authorized Person and Name	
SUBJECT:	Name of Limited Liability Company	
The enclosed Ar	ticles of Amendment and fee(s) are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	
	Stacy Y Whyte	
	Name of Person	
	Royal Duidem LLC	
	Firm Company	
	4670 Eipscomb Street NF, Suite 8	
	Address	
	Palm Bay, FL 32905	
	City State and Zip Code	
	royaldrademee/a gmarl.com	
	E-mail address: (to be used for future annual report notification)	2020
For further infor	mation concerning this matter, please call:	S (3)
Stacy Y Whyte	Name of Person Area Code Daytime Telephone Number	SEP 22
	Name of Person Area Code Daytime Felephone Number (27)	2 PM
Enclosed is a ch	eck for the following amount:	
□ \$25.00 Film	g Fee \$\Bigsquare \$\S55.00\text{ Filing Fee & \$\Bigsquare \$\S55.00\text{ Filing Fee & \$\Bigsquare \$\S60.00\text{ Filing Fee & \$\Bigsquare \$\Certificate of Status }\\ Certified Copy \\ (additional copy is enclosed) \\ Certified Copy \\ (additional copy is enclosed) \\ \end{array}	itus &
	Address: Street Address: ration Section Registration Section	
	on of Corporations Division of Corporations Box 6327 The Centre of Tallahassee	
1.U. L	ON WALL	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Compa (A Florida Limited	ny ay it now appears on our Liability Company)	records.)
ne Articles of Organization for this Limited L	iability Company	were filed on $\frac{03.23.2020}{}$	and assigned
orida document number 1.20000087539			
is amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name of	of the limited liab	oility company here:	
yal Dindem Clonsultina LLC			
new name must be distinguishable and contain the	words "Limited Liabi	thry Company," the designation	n "LLC" or the abbreviation "L.E.C."
ter new principal offices address, if appli	cable:	4670 Lipscomb Street N	E Suite 8
incipal office address MUST BE A STREE		Palm Bay, FL 32905	<u> </u>
			120 TA
			- SE
ter new mailing address, if applicable:		SAMI.	22 ·
ailing address MAY BE A POST OFFICE	BOX)		(A: TO .V
			77.
If amending the registered agent and/or		address on our records,	enter the name of the new registe
nt and/or the new registered office addre	:ss here:		
Name of New Registered Agent:	Stacy Y Whyk	: 	
New Registered Office Address:	4670 Lipscomb	b Street NF Suite 8	
		Enter Florula street	address
	Palm Bay		, Florida
		Ciņ	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>	Name	Address	Type of Action
MGR	Stacy Y Whyte	4670 Lipscomb Street NE Suite 8	= Add
		Palm Bay, FL 32905	Remove
			Change
AMBR	Giovanna T Whyte	4670 Lipscomb Street NE Suite 8	≡ Add
		Palm Bay, FL 32905	Пенюле
			I Change
		TALLAR.	Silver
			Remove
		· · · · · · · · · · · · · · · · · · ·	I Change
			= Add
			TRemove
			Change

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03.73.2020
Effective date, if other than the date of filing: (1) 10 10 10 10 10 10 10 10 10 10 10 10 10

Filing Fee: \$25.00