# LZD 000109371

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### **COVER LETTER**

TO: Registration Sect Division of Corpo		
SUBJECT:	Si Dres Enterprises, LLC Name of Limited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	Maranda M. Mitchell Name of Person	
	Si Dres Enterprises, LLC	
	5840 Red Bug Lake Rd #1583	
	Winter Springs Fl. 32708 Chy/State and Op Clode	
	Si Dres. Enterprises/LC@gmail. Com E-mail address: (to be used for future annual report notification)	
For further information con	ncerning this matter, please call:	
Maranda Name of P	M. Mitchell at (941) 226-3637 B Area Code Daytime Telephone Number 55 5	ing a
Enclosed is a check for the		. 7
\$25,00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	כ

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

Di Dres Enterprises, CLC

(Name of the Limited Liability Compan (A Florida Limited L.	ay as it now appears on our records.)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L2000</u> [0937]	were filed on $04/22/2020$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5840 Rad Buglake Rd
(Principal office address MUST BE A STREET ADDRESS)	Ste.# 1583 Winter Springs, Fl 32708
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	$ \mathcal{N}_{\mathcal{A}}$
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
	202
Name of New Registered Agent:	A PART OF THE PART
New Registered Office Address:	Enter Florida street address Florida
	City Zip Carde
New Registered Agent's Signature, if changing Registered Agent:	m G

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 **Type of Action** <u>Title</u> <u>Name</u> **Address** □ Remove □**‱**nge rd □Change \_\_ □Add □Remove

\_\_\_\_\_ □Change

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Filing Fee: \$25.00