

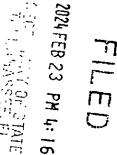
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Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations** DINU TRANS, LLC SUBJECT: 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: **OLIVIA DINU** Name of Person DINU TRANS, LLC Fire/Company 4130 N ALBANY AVE Address TAMPA, FL, 33607 City/State and Zip Code olfiviadinu@yahoo.com, vioreldc@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: OLIVIA DINU Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations

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

DINU TRANS, LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company	were filed on07/24/202	and assigned	
Florida document number L20000219569			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
DINU ELITE CONSTRUCT. L			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	"ELC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	4130 N ALBANY AVE.	TAMPA, FL. 33607 🕿	
<u>.                                      </u>	new mailing address, if applicable:	24 B	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		We a m	
		200 E U	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, j	enter the name of the new registered	
-			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street	address	
	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
			□Add
			□Remove
			DAdd
			□Remove
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m effectiv	date, if other than the date of filing:	.020 ed a
	s effective date on the Department of State's records.	
ecord sp is filed.	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
ted	02/20/2024	
	C)Vin.	
	Signature of a member of authorized representative of a member	

Filing Fee: \$25.00