

LZ1000007192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

Registration Section
Division of Corporations

Dilook, LLC

T: _____
Name of Limited Liability Company

osed Articles of Amendment and fee(s) are submitted for filing.

eturn all correspondence concerning this matter to the following:

David S. Kaufman

Name of Person

Firm/Company

5601 Collins Avenue #1507

Address

Miami Beach, Florida 33140

City/State and Zip Code

dsk435@yahoo.com

E-mail address: (to be used for future annual report notification)

further information concerning this matter, please call:

David S. Kaufman

305 332-4181

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

closed 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 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**

Dilook, LLC

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

Articles of Organization for this Limited Liability Company were filed on 12/29/2020 and assigned document number L21000007192.

Amendment is submitted to amend the following:

Amending name, enter the new name of the limited liability company here:

Every name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

or new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

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:

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

ing Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
ed from our records:

Manager
= Authorized Member

| <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|-------------|----------------|-----------------------|
|-------------|----------------|-----------------------|

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| Juan Carlos de Oliveira Fogaca | 5601 Collins Avenue #1507, Miami Beach, FL 331 | <input checked="" type="checkbox"/> Add |
|--------------------------------|--|---|

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| | | <input type="checkbox"/> Remove |
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| | | <input type="checkbox"/> Change |
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| | | |
|------------------|---|---|
| David S. Kaufman | 5601 Collins Avenue #1507, Miami Beach, FL 33 | <input checked="" type="checkbox"/> Add |
|------------------|---|---|

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| | | <input type="checkbox"/> Remove |
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[illegible]

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.

ated January 25, 2021

Typed or printed name of signee