LZ1000062325

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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21 NPR -2 MM 9: 58

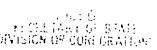
COVER LETTER

Registration Section

TO:

Division of Cor	rporations												
	LE KENDALL LLC												
SUBJECT:	Name of Limi	ited Liability Company											
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.											
Please return all correspo	ondence concerning this matter t	to the following:											
	NELSON ALVAREZ												
	Name of Person												
	NA INCOMETAX PROFOSSIONAL CORP												
	Firm/Company 1830 NW 7TH ST SUITE 202												
	1830 NW 7TH ST SUITE	202											
Address													
	MIAMI, FL 33125	MIAMI, FL 33125											
	City/State and Zip Code												
	INFO@NAINCOMETAX.												
	E-mail address: ()	to be used for future annual report noti	fication)										
For further information	concerning this matter, please ca	all:											
NELSON ALVAREZ		305 381-5362											
Name	of Person	at () Area Code Daytim	e Telephone Number										
Enclosed is a check for	the following amount:												
	S30.00 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 Addre Registration Division of 6 P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810										

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION AND CHARGE OF STATE OF **OF**



DIN STYLE KENDALL LLC

21 APR -2 AM 9: 58

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{02/04/2021}{1}$. ___ and assigned Florida document number <u>L21000062325</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. 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: DIN STYLE LLC Name of New Registered Agent: 175 SW 7th ST SUITE 1207 New Registered Office Address: Enter Florida street address MIAMI

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 JEVISION OF CONFORMATION or removed from our records:

MGR = Manager AMBR = Authorized Member

21 APR -2 AM 9:59

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DIN STYLE LLC	175 SW 7th ST SUITE 1207	= Add
		MIAMI, FL 33130	□Remove
			□ Change
	-		□ Add
		<u>-</u>	Remove
			□Add
			□Remove
			□ Change
			DAdd
			□Remove
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