122000073828

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Space in the detection to 1 ming of the street.

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T. MATTHEWS MAR 1 0 2022

COVER LETTER

ro:	Registration Sec Division of Corp			
~ * * * * * * *	DYLUK LL			
SUBJI	ECT:	Name of Limit	ted Liability Company	
		Amendment and fee(s) are subm		
ricasc	return un correspoi	Dailin Fonseca	o the following.	
			Name of Person	
		DYŁUK LLC		
			Firm/Company	.
		13909 Citrus Pointe Dr	Name of Person C Firm/Company S Pointe Dr Address 3625 City/State and Zip Code nail.com -mail address: (to be used for future annual report notification) natter, please call: at (Area Code Daytime Telephone Number) Dunt: ing Fee & S55.00 Filing Fee & S60.00 Filing Fee.	
			Address	
		Tampa/FL 33625		
		dyluk.llc@gmail.com	City/State and Zip Code	
		·	o be used for future annual report no	ification)
For fu	rther information co	oncerning this matter, please ca	ill:	
Dailin	Fonseca		at (
	Name of	Person	Area Code Daytii	ne Telephone Number
Enclos	sed is a check for th	e following amount:		
≡ \$3	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DYLUK LLC

22177 - 1 3,1 9: 17

(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 Florida document number L22000073828	were filed on 02-14-2022	and assigned
This amendment is submitted to amend the following:		
da document number L22000073828		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "Ll	.C" or the abbreviation "L.L.C."
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 agent and/or the new registered office address here:	address on our records, <u>ente</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	ess
		Florida
		Zip Code
New Registered Agent's Superture, if changing Pegistered Agents		

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 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
MGR	Dailin Fonseca	13909 Citrus Pointe Dr, Tampa Fl., 33625	\
			□Remove
			□Change
			□Add
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Effective date, if other than the date of filing: [In effective date, if other than the date of filing: [In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing, Pursuant to 605.0207 Autr: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to focument's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. Signature of a member or authorized representative of a member		ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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