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| Special Instructions to F | Filing Officer:  |                |
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T. MATTHEWS

JUN - 1 2022

## **COVER LETTER**

| Division of Corpo             | rations   |  |   |
|-------------------------------|---|--|---|
| SUBJECT:                      | Reyes Di  | nasty L ited Liability Company   | LC  |
| The enclosed Articles of An   | nendment and fee(s) are sub                     | mitted for filing.   |   |
| Please return all correspond  | ence concerning this matter                     | to the following:  |   |
|                               | ,   | Dinasty LLC FirmyCompany   |   |
|                               | _3403 m   | ragenta Way  | Apt 311   |
|                               | Brandon   | FL 33511 City/State and Zip Code  /any a gmail. to be used for future annual report notifi |   |
|                               | Figural address: (                              | to be used for future minual report notif  | ication)  |
| For further information cond  | cerning this matter, please ca                  | all:   |   |
| Osvany D                      | Reyes   | at ( <u>813</u> ) <u>539</u><br>Area Code Daytime  | - 9625<br>Telephone Number  |
| Enclosed is a check for the f | following amount:                               |  |   |
| \$25.00 Filing Fee            | □ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)                        | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Address:              |   | Street Address:  |   |

TO:

Registration Section

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 SECRETARY OF STATE OF S

| Doubs Diract  | 22 APR 20 PM 1: 53   |
|---|--|
| (Name of the Limited Liability (A Florida Li  | Company as it now appears on our records.) imited Liability Company)       |
| The Articles of Organization for this Limited Liability ConFlorida document number <u>L 2 2 0 0 0 13 5 4</u>    | mpany were filed on 03118   2022 and assigned                              |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited  | d liability company here:  |
| he new name must be distinguishable and contain the words "Limited  | d Liability Company," the designation "LLC" or the abbreviation "L.L.C."   |
| Enter new principal offices address, if applicable:   |  |
| Principal office address MUST BE A STREET ADDRES  | (22  |
|   |  |
| Enter new mailing address, if applicable:   |  |
| Mailing address MAY BE A POST OFFICE BOX)   |  |
|   |  |
| 3. If amending the registered agent and/or registered o<br>igent and/or the new registered office address here: | office address on our records, <u>enter the name of the new registered</u> |
| Name of New Registered Agent:   |  |
| New Registered Office Address:  | Enter Florida street address   |
|   | Florida  |
|   | City Zip Code  |

lew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ecept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability mpany has been notified in writing of this change.

11 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          | Osvany D Reyes | 3403 Magenta Way            | MAdd           |
|              |                | Apt II                      | □Remove        |
|              |                | Apt 11<br>Brandon, FL 33511 |                |
|              |                |                             | □Add           |
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| If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  Daily amending authorized person because     | ع          |
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| mar of the company.  | _          |
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| Effective date, if other than the date of filing:  |            |
| the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after cord is filed. | er the     |
| Dated April 18th . 2022.   |            |
| Signature of amember or authorized representative of a member  |            |
| Typed or printed name of signee  |            |

T''' 17 . 635.00