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	(Requestor's Name)	
	(Add-ana)	
	(Address)	
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	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
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Certified Copies	Certificates of Sta	atus
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Special Instructions to	Filing Officer:	

Office Use Only



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A. BUTLER OCT 1 / 2022

## **COVER LETTER**

Division of Corpor	ations		• •
SUBJECT: DUNE	DIN CHARY	COHPANY LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
DI		4. A = 6-11	
Please return all corresponde	ence concerning this matter	to the following:	
	11 DIKO	VARGA	
	,20,,00	VARGA Name of Person	
	DHNEDIN	V CHARM COMPA	NY LLC
	201142271	Firm/Company	
	955 HAH	ILTONI CT.	
		Address	
	PALY HE	City/State and Zin Code	23 .
		City/State and Zip Code	
	dunedi	City/State and Zip Code  Charmso Out 10 to be used for future annual report not	not com
-	E-mail address: (t	to be used for future annual report not	ification)
Day Combanin Commission and			
For further information conc	erning this matter, picase ca	311.	
11dila 110	COC	777 1157	115/(1
Name of Pa	<u> </u>	at (727_) 452_ Area Code Daytin	ne Telephone Number
static of re	130(1)	Alea Code Dayiii	telephone Namoei
Enclosed is a check for the fe	ollowing amount:		
	-		<b>\</b>
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee &	\$60.00 Filing Fee, Certificate of Status &
	Centificate of Status	Certified Copy (additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)

Mailing Address:

TO:

**Registration Section** 

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

Registration Section
Division of Corporations
The Centre of Tallahassec
2415 N. Monroe Street, Suite 810
Tallahassec, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FEED

	SEORETY OF CEASE
The Articles of Organization for this Limited Liability O	SECRETALLY OF STATE Company were filed on <u>HAY 3 [AZIO22:SEand assigned</u>
Florida document number <u>L 22 0002 315 3</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	955 HAHILTON CT.
(Principal office address MUST BE A STREET ADD	RESS) PALH HARBOR, FL. 34683
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	955 HAHILTON CT. PALY HARBOR, FL. 34683.
	PALY HARBOR, FL. 34683.
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the name of the new registered
Name of New Registered Agent: /L	-DIKO VARGA
New Registered Office Address: 95	DIKO VARGA 55 HAHILTON CT.
0	Enter Florida street address
<u></u>	ALM HARBOR Florida 34683.  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
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			□Remove
		-7 <del></del>	□Change
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	ive date, if other than the date of filing: (optional)  fective 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
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
record is fi	rd 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 led.
	1700000 , 2022.
Dated	
Dated	
Dated	Signature of a member or authorized representative of a member
Dated	Signature of a member or authorized representative of a member