

h22000316307

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(Business Entity Name)

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TALLAHASSEE, FL

R. HUNT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dipson Trin Quality LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Dipson Ovidio Nolasco Hernandez
Name of Person

Dipson Trin Quality LLC
Firm/Company

368 e nursery Rd Santa Rosa beach
Address

Santa Rosa beach 32459
City/State and Zip Code

michellemartinez@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Martinez at (832) 730 9496
Name of Person Area Code Daytime Telephone Number

Enclosed 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

RECEIVED
TALLAHASSEE, FL
JUN 17 AM 8:19

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Dipson trim Quality llc
(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 7/15/22 and assigned
Florida document number L22000316307

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Dipson Quality trim llc
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

368 e nursery Rd
Santa Rosa FL 32459

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

368 e nursery Rd
Santa Rosa beach
FL 32459

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:

Name of New Registered Agent:

Michelle Martinez

New Registered Office Address:

368 e nursery Rd

Enter Florida street address

Santa Rosa, Florida 32459
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Michelle Martinez	368 e nursery Rd	<input checked="" type="checkbox"/> Add
		Santa Rosa beach FL	<input type="checkbox"/> Remove
	Dipson O. Nolasco	32459	<input type="checkbox"/> Change
AMBR	Dipson O. Nolasco Hernandez		<input type="checkbox"/> Add
		368 e nursery Rd	<input type="checkbox"/> Remove
		Santa Rosa beach FL	<input checked="" type="checkbox"/> Change
		32459	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

200 OCT 17 AM 8:19
CLAY COUNTY
FLORIDA

200 OCT 17 AM 8:19
ANY OF STATE
GAINESVILLE, FL

(If an 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 (3)(b)

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.

If 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 the record is filed.

Dated 10.13.2022, _____

Michele M3

Signature of a member or authorized representative of a member

Michelle Metz

Typed or printed name of signee