

L22000 421607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

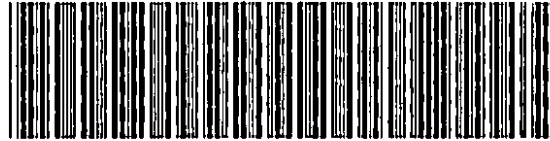
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2022 NOV -4 AM 11:55

FILED

SUBJECT: DIMITROV REUNION LLC

AUTHORIZED MEMBER: PAVEL DIMITROV

CONTACT NUMBER: (703) 727-2259

ADDRESS: 7740 SANDY RIDGE DRIVE APT 4-118
KISSIMMEE, FL 34747

COVER LETTER

**Registration Section
Division of Corporations**

DIMITROV REUNION LLC

CT: _____
Name of Limited Liability Company

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

return all correspondence concerning this matter to the following:

PAVEL DIMITROV

Name of Person

Firm/Company

7740 SANDY RIDGE DRIVEAPT 4-118

Address

KISSIMMEE, FL 34747

City/State and Zip Code _____

kfp_champion@abv.bg

E-mail address: (to be used for future annual report notification)

For information concerning this matter, please call:

DIMITROV 703 727 2259
 _____ at (_____) _____
 Name of Person Area Code Daytime Telephone Number

is a check for the following amount:

☐ \$0 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

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

DIMITROV REUNION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on SEPTEMBER 28, 2022 and assigned document number 122000421607.

Amendment is submitted to amend the following:

Changing name, enter the new name of the limited liability company here:

name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

new principal offices address, if applicable:

principal office address MUST BE A STREET ADDRESS)

new mailing address, if applicable:

mailing address MAY BE A POST OFFICE BOX)

Changing 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:

OSCAR G. MENDEZ

New Registered Office Address:

1612 NE 9th St

Enter Florida street address

FORT LAUDERDALE

, Florida 33304

City

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is submitted 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

nding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
oved from our records:

= Manager

R = Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
STANIMIR TODOROV	33972 SORREL MINT DR	<input type="checkbox"/> Add
	WESLEY CHAPEL, FL 33543	<input checked="" type="checkbox"/> Remove
		<input type="checkbox"/> Change
PAVEL DIMITROV	7740 SANDY RIDGE DRIVE, APT 4-118	<input checked="" type="checkbox"/> Add
	KISSIMMEE, FL 34747	<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
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		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change

[illegible]

Effective Date: 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.

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
s filed.

ed OCTOBER 26, 2022

Paul Dimitrov
Signature of a member or authorized representative of a member

PAVEL DIMITROV

Typed or printed name of signee

Filing Fee: \$25.00