L23 0000 74540

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(Ac	idress)	
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2024 NOV - 7 PH 12: 9804 NOV - 7 PH 1



COVER LETTER

Division of Corp				
SUBJECT: DLO	Lumpia Roll Name of Limi	ls LLC		
	/ Name of Limi	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	idence concerning this matter	to the following:		
	(Leila) Le	ila Creech Name of Person		
	DLC Lump	ra Nolls LCC Firm/Company	· · · · · · · · · · · · · · · · · · ·	
	,	Firm/Company	r n	3
	117 Parkside	Cir	300	2 7
		Address	- (n)	
	Crawforde	Address Address City/State and Zip Code City/State and Zip Code Ancil. Com dicno to be used for future annual report notificall:	ARSS	TILED
	leimor 19 AC	and it com dieno	volta e Francisco	
	E-mail address: (t	to be used for future annual report notific	cation)	
For further information co	ncerning this matter, please ca	all:		
Leila Cree	ch	at (\$50) 252. Area Code Daytime	2584	
Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	e 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 enclo	
Mailing Address	<u>:</u>	Street Address:		
Registration S		Registration Sect	tion	

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 OF

DLC Lumpia	Rolls LLC
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar. Florida document number <u>L23000074540</u> .	ny were filed on Feb. 9, 223 and ssigned
This amendment is submitted to amend the following:	SSE 3
A. If amending name, enter the new name of the limited lia DLC Nove/Ly LUC The new name must be distinguishable and contain the words "Limited Lia"	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	117 Parkside Cir Crawfordville, FL 32327
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	NIC
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
Name of New Registered Agent:	N/A
New Registered Office Address:	Enter Florida street address
	, Florida
	/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
			□Add
			□Remove
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E. Effec	tive date, if other than the date of filing: (optional) ffective 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 605.020	በ ን (3ነሱ
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.	as the
record is t	ord 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 filed.	e
ъ.	. 11/7/2014	
Dated		
	Signature of a member or authorized representative of a member	
	di 11/7/2024 Signature of a member or authorized representative of a member Leila Cazzal	
	- VKIIU (ARKCH	

Filing Fee: \$25.00