

L23000094025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

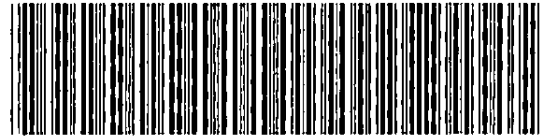
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700406669127

04/28/23--01001--001 \*\*25.00

2023 APR 27 PM 3:09

ALLAHASSEE, FLORIDA

2023 APR 27 PM 3:09

RECEIVED

A PUTLER

APR 27 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Dinama, 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:

Craig Collins

Name of Person

Dinama, LLC

Firm/Company

3652 Shamrock St W

Address

Tallahassee, FL 32309

City/State and Zip Code

cgcollins71@gmail.com

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

For further information concerning this matter, please call:

Craig Collins

Name of Person

at ( 850 ) 322-1457

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

Dinama, LLC

2023 APR 27 PM 3:31

**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>
MGR	Zabe LLC	ClO Mamajonova, Ziyoda	<input type="checkbox"/> Add
		1309 Coffeen Ave Ste 1200	<input checked="" type="checkbox"/> Remove
		Sheridan, WY 82801	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mamajonova, Ziyoda	1309 Coffeen Ave	<input checked="" type="checkbox"/> Add
		Ste 1200	<input type="checkbox"/> Remove
		Sheridan, WY 82801	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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 April 27 . 2023

C. Collins  
Signature of a member or authorized representative of a member

Craig Collins

Typed or printed name of signee

**Filing Fee: \$25.00**