L23000094025

(Requestor's Name)	
(Address)	700
(Address)	, 55
(City/State/Zip/Phone #)	
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(Document Number)	
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2023 AFR 27 FM ::3

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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Dinama		
	Name of Limi	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Craig	Name of Person	
		·	
	Vina	ma, LLC	
		Firm/Company	
	565 Q	Shamroch	SHW
		Address	
2	Tallaha	ssee IFL 3	2309
		City/State and Zip Code Onail. o be used for future annual report notif	
	Lg Collins	o he was for future annual report notifi	(com)
For further information co	neerning this matter, please ca		Can (0.1)
	_		_
Craig (at (<u>35-0)</u> 323	-1457
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 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

2023 AFR 27 PM : 3

(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 $\frac{2}{2}$ and assigned Florida document number $\frac{L23000094025}{}$

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic	e address on our records	s, enter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	vet address
		Florida

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 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
MGR	Zabe LLC	Clo Mamajonova, Ziyo	<u>d</u> a⊃Add
		1309 Coffeen Ave Stell	⊃O l⊊Remove
		Sheridan, WY 8280	□Change
	<u> </u>		□Add
			□Remove
			Change
MGR	Mamajorova, Zinyoda	1309 Coffeen Ave	[]^ dd
	·	Ste 1200	
		Shevidan, WY8280	☐ Change
	 		□Add
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f an eff <u>Note:</u>	ve date, if other than the date of filing:
e recon rd is fil	I 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 ed.
Dated	April 27 2023
	April 27 2023 Collins Signature of a member or authorized representative of a member Craig Collins Typed or printed name of signer
	Craig Callins

Filing Fee: \$25.00