

L2366616-1846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

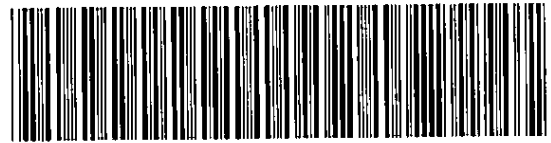
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600404662236

FILED
2023 MAR 27 AM 10:46

ALLAHABAD

RECEIVED
2023 MAR 27 AM 8:26

A BUTLER

MAR 28 2023

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: 120210000160: 25.00

Authorization Signature: _____

Di Mambro Investors LLC 123000109846
Business Name


Document

____ **Certified Copy of Articles of Incorporation**

____ **Certificate of Status**

NEW FILINGS

____ Profit Corp
____ Not for Profit
____ Limited Liability

____ Domestication
____ Other
____ **CORP**
____ **LP**

AMENDMENTS

X Amendment
____ Resignation of R.A. Officer/Director

____ Change of Registered Agent or office
____ Dissolution
____ Merger
____ **Conversion**
____ **Amended and restated Articles**
____ Revocation of Dissolution

OTHER FILINGS

____ Annual Report

____ Fictitious Name

____ APOSTILLE _____ Other
 Country

REGISTRATION/QUALIFICATIONS

____ Foreign filing
____ Limited Partnership
____ Reinstatement

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Di Mambro Investors 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:

Steven Zamorano

Name of Person

CBS Financial CPA PA

Firm/Company

6075 W Commercial Blvd

Address

Tamarac, FL 33319

City/State and Zip Code

Steven@Cbsfinancialcpa.com

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

For further information concerning this matter, please call:

Steven Zamorano

954 724-4141
at ()

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

2023 MAR 27 AM 10:40

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

This amendment is submitted to amend the following:

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

Tamarac, FL 33319

Tamarac, FL 33319

Zip Code

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[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.

Typed or printed name of signee