

L 23000123535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

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DEPARTMENT OF STATE  
DIVISION OF CORPORATE AFFAIRS

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 21 2023  
R. HUNT  
09/21/23

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

Please use funds from account I20210000160: \$25.00

Authorization Signature: \_\_\_\_\_

Dharma Express LLC L23000123535  
BUSINESS #DOC

*Jan Fuchs*

\_\_\_ Certified copy of Articles of Organization

\_\_\_ Certificate of Status

**NEW FILINGS**

- \_\_\_ Profit Corp  
\_\_\_ Not for Profit  
\_\_\_ Officer/Director  
\_\_\_ Limited Liability  
\_\_\_ Domestication  
\_\_\_ Other  
\_\_\_ **CORP**  
\_\_\_ **LLLP**

**AMENDMENTS**

- X\_ Amendment  
\_\_\_ Resignation of R.A.  
\_\_\_ Articles of Dissolution  
\_\_\_ Change of Registered Agent  
\_\_\_ Revocation of Dissolution  
\_\_\_ Merger  
\_\_\_ **Conversion**  
\_\_\_ **Amended and restated Articles**  
\_\_\_ Statement of Correction

**OTHER FILINGS**

- \_\_\_ Annual Report  
\_\_\_ Fictitious Name  
\_\_\_ APOSTILLE:

**REGISTRATION/QUALIFICATIONS**

- \_\_\_ Foreign filing  
\_\_\_ Limited Partnership  
\_\_\_ Reinstatement  
\_\_\_ OTHER

FILED  
CLERK OF COURT  
DIVISION OF CORPORATE  
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EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DHARMA EXPRESS 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:

KATARZYNA BANAS

Name of Person

DHARMA EXPRESS LLC

Firm/Company

233 PERIWINKLE RD

Address

VENICE, FL 34293

City/State and Zip Code

KASHABANAS@GMAIL.COM

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

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FILED  
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

KATARZYNA BANAS

970 819-5063

Name of Person

at ( )

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

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

DHARMA EXPRESS LLC

(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 03/09/2023 and assigned  
Florida document number L23000123535

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

233 PERIWINKLE RD

VENICE, FL 34293

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

233 PERIWINKLE RD

VENICE, FL 34293

**B. If amending 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:

KATARZYNA BANAS

New Registered Office Address:

233 PERIWINKLE RD

Enter Florida street address

VENICE

City

Florida 34293

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.*

  
Katarzyna Banas

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>
AMBR	KATARZYNA BANAS	233 PERIWINKLE RD, VENICE, FL 34293	<input checked="" 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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

2023-SEP-21: PM 12:40

DIVISION OF CONSUMER AFFAIRS

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(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 603.0277 (3)(b)  
**Notes:** 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.

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 September 13

Signature of a member or authorized representative of a member

**SEBASTIAN KLEPACZ**

Type of printed name of signer: \_\_\_\_\_

**Filing Fee: \$25.00**