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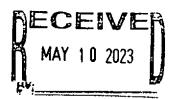
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(Document Number)
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Y. SCOTT

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Deladence	hu Dina LLC
Name of	Limited Liability Company
	23
The enclosed Articles of Amendment and fee(s) are	Limited Liability Company 20 27 27 27 27 28 28 28 28 28 28 28 28 28 28 28 28 28
Please return all correspondence concerning this ma	tter to the following:
Dina 1	Name of Person
Decade	Firm/Company
2160 5.	W. Winding Hills ld. Address
Dynnella	City/State and Zip Code
E-mail addre	ss: (to be used for future annual report notification)
For further information concerning this matter, pleas	se call:
Name of Person	2 at (352) 465-6946 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
11 / 1 11 6 / 2 /	Lho Lontro at Laliahagaga

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	any as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $ eq$	Nay 3,202	Band assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company h	ere:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the o	lesignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			_2_
(Principal office address MUST BE A STREET ADDRESS)		·	923
		# 1 * .	
Enter new mailing address, if applicable:			0 191
(Mailing address MAY BE A POST OFFICE BOX)		U O	N
		r*:	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our r	ecords, <u>enter the name</u>	of the new registere
	•	•	
New Registered Office Address:	Enter Flo	rida street address	
		, Florida	
	City	,	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>i</u>		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of provided for in (^e my duties, and I am fa Chapter 605, F.S. Or, ij	miliar with and f this document is
If Cha	nging Registered As	gent, Signature of New Regi	stered 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
MGR	Ding Lee Blano	Address 21605.W. Winding Hills A Dunnellan, Fla. 34431	LJ. _#Add
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			□Change
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ted <u>May</u>	'5, 202 	ture of a member	See L	lua	2		

Filing Fee: \$25.00