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01/17/25--01002--018 ***25.00

COVER LETTER

TO: Registration So Division of Cor			. ◀
SUBJECT:	Dy WAP I	ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	FLARlin	PHILIPPE Name of Person	<u></u>
		Firm/Company	
	75245W	72451 /# c/e-	V tousder
	NORTH lan	The dale Til. City/State and Zip Code	33068
	E-mail address: (to be used for future annual report notif	ication)
Division of Corporations SUBJECT: 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: \[\begin{align*} \text{TLGL) \text{N} & P \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Name o	of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
		Q	

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

DywaPPLLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L J 3 0 0 0 3 / 3 6 2 7</u> .	were filed on $\frac{6/30/2}{2}$	3 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the na	ame of the new registered
		2025
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	E
	. Florida	SSE 3
	City	Zin Code.
New Registered Agent's Signature, if changing Registered Agent:		- in 5

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>	Name	Address	Type of Action
AMBR	ANNE Ambrosia	646/KoltyGount	□Add
		margato F1. 33068	ORemove
		·/	□Change
MGR	EUGBlin PHilippe	75248W7+HS+ NORTH	Add
		landerdale F1. 33068	□Remove
			☐ Change
			□Add
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			□Change

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If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
•		
•		
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•		
•		
Note:	tive date, if other than the date of filing:	207 (: as tl
recor d is fi	rd 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	ne
ated	_01-17-25	
	Ol- 17 - 25 Signature of a member or authorized representative of a member	
	Typed or printed name of signee	

Filing Fee: \$25.00