## L23000488440

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special lastructions to Siling Officer:
Special Instructions to Filing Officer:





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## **COVER LETTER**

Registration Section TO: **Division of Corporations** 

DASHBAR SUBJECT:	ST, LUCIE LLC.		
SUBJECT.	Name of Lim	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:	
	Ruben Oliva		
		Name of Person	<del></del>
	Rojas & Oliva P.A.		
		Firm/Company	
	15800 Pines Blvd Suite 20	6	
		Address	
	Pembroke Pines, FL 33027	7	
		City/State and Zip Code	<del></del>
	E-mail address: (	to be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	all:	
Ruben Oliva		305 373-6868	
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	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 Addres	<u>s:</u>	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

DASHBAR ST. LUCIE LLC.		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on ou da Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability (Florida document number <u>L23000488440</u>	Company were filed on 10/25/23	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability 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 ADD	RESS)	
	<del></del>	·
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		
<del>-</del>		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		s, <u>enter the name of the new registe</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	vet address
		, Florida
	City	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.

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	Carla M. Oliva	11900 PICCADILLY PLACE DAVIE, FL 33325	□Add
			Remove
			□Change
MGR	DASHBAR INC.	15800 PINES BLVD SUITE 206	\ Add
		Pembroke Pines, FL 33027	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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	Jul	ly 1, 2024	,		
ffective date, if other than the an effective date is listed, the date modes: If the date inserted in this locument's effective date on the	block does not meet the	he applicable statutor	ng or more than 90 days a	ptional) after filing.) Pursuant to 60: this date will not be list	5.0207 ( ted as t
record specifies a delayed effect	ive date, but not an ef	Tective time, at 12:0	1 a.m. on the earlier of	f: (b) The 90th day afto	er the
I is filed.  June 21	20:	24			
is filed.		(Ha)			•
is filed.		er of authorized represe	entative of a member		