

# L24000187159

Florida Department of State  
Division of Corporations  
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Fax Number : (850)617-6383

From:

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Account Number : I20140000083  
Phone : (407)932-0040  
Fax Number : (407)520-5473

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DASHD LLC**

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FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT: DASHD 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:

DRUCILLA JANE A OSBORN

\_\_\_\_\_  
Name of Person

DASHD LLC

\_\_\_\_\_  
Firm/Company

8113 BAY DR

\_\_\_\_\_  
Address

TAMPA, FL, 33635

\_\_\_\_\_  
City/State and Zip Code

Missosborn94@gmail.com

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

For further information concerning this matter, please call:

DRUCILLA JANE A OSBORN

+1

(740) 442-0243

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 &  
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☐ \$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**

DASHD LLC

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

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2024 MAY 30 PM 1:52  
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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/22/2024 and assigned  
Florida document number L24000187159.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*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 Changing Registered Agent, Signature of New Registered Agent

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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>
MGR	NARANJO DELGADO, LUZ	9102-104 CANOPY OAK LN	<input type="checkbox"/> Add
		RIVERVIEW, FL 33578	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VERA VARELA, SAUL A	8113 BAY DR	<input type="checkbox"/> Add
		TAMPA, FL 33635	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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