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06/26/24 K4/24

COVER LETTER

TO:

TO: Registration So Division of Co			
	DY LOUNGE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DOELYS COLON		
		Name of Person	<u> </u>
		Firm/Company	
	810 GUADALUPE DR	Address	
	ORANGE CITY, FL 3276		
		City/State and Zip Code	
		to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	ail:	
DOELYS COLON		321 2104461 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 Addre Registration	Section	Street Address: Registration Sec	
Division of C P.O. Box 633	=	Division of Corp The Centre of Ta	
Tallahassee.			Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Compa	ny as it now appears Liability Company)	on our records.)	<u>_</u>
	(A Florida Limited)	Liability Company)		
The Articles of Organization for this Limited Li	ability Company	were filed on $\frac{04/2}{}$	4/2024	and assigned
Florida document number L24000193589				
This amendment is submitted to amend the follo	owing:			
	_	•••		
A. If amending name, enter the new name of	the limited hab	thty company ner	<u>e:</u>	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the des	ignation "LLC" or the a	bbreviation "L.L.C."
			LUSIA AVE SUITE	
Enter new principal offices address, if applic		ORANGE CITY.	FL 32763	·
(Principal office address MUST BE A STREE	T ADDRESS)	<u></u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		810 GUADALUPE DRIVE		
		ORANGE CITY, FL 32763		
B. If amending the registered agent and/or ragent and/or the new registered office address	•	address on our rec	ords, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:	DOELYS A C	OLON TORRES		
New Registered Office Address:	810 GUADAL	UPE DR		
	Enter Florida street address			
	ORANGE CIT	Y	, Florida <u></u>	2763
		City		Zip Code
New Registered Agent's Signature, if changing I				,
I hereby accept the appointment as registere provisions of all statutes relative to the prop- accept the obligations of my position as regi- being filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as ; registered office	performance of n provided for in Cl	ry duties, and Lam napter 605, F.S. Or	familiar with and ; if this document is

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	DOELYS A COLON TORRES	810 GUADALUPE DR. ORANGE CITY, FL 32763	≅ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
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ffective date, if other than an effective date is listed, the date lote: If the date inserted in the ocument's effective date on the	is block does not	meet the applicable	late of filing or more the statutory filing requ	(optional) an 90 days after filing.) direments, this date v	Pursuant to 605,0207 will not be listed as
record specifies a delayed effi is filed.	ective date, but no	t an effective time,	at 12:01 a.m. on the	earlier of: (b) The	90th day after the
JUNE, 06 nted		2024			
	//)	$\frac{1}{1} \frac{1}{2} \frac{1}{2} \frac{1}{2}$	11 2		5
		Leby Ciffin			
	Signature of a	Manher or authorize	ed representative of a r	nember	

Filing Fee: \$25.00