

L24000232248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SEC. OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: DUNGIVEN 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:

SIOBHAN SCHNELLER

Name of Person

DUNGIVEN LLC

Firm/Company

9787 TAYLOR ROSE LANE

Address

SEMINOLE, FL 33777

City/State and Zip Code

dungivenllc@gmail.com

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

For further information concerning this matter, please call:

SIOBHAN SCHNELLER at 727 688-0868
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

SECRETARY OF STATE
TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DUNGIVEN LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/20/2024 and assigned
Florida document number L24000232248.

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:

9787 TAYLOR ROSE LANE

(Principal office address MUST BE A STREET ADDRESS)

SEMINOLE, FL 33777

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:

SIOBHAN SCHNELLER

New Registered Office Address:

9787 TAYLOR ROSE LANE

Enter Florida street address

SEMINOLE

Florida 33777

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 Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FL

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	SIOBHAN SCHNELLER	9787 TAYLOR ROSE LANE	<input type="checkbox"/> Add
		SEMINOLE, FL 33777	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	MATTHEW SCHNELLER	9787 TAYLOR ROSE LANE	<input type="checkbox"/> Add
		SEMINOLE, FL 33777	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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DATE 07-24-24 BY SP5 BTJ/STW/STW

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I, SIOBHAN SCHNELLER ACCEPT THE APPOINTMENT AND CONFIRM I'M FAMILIAR
WITH THE OBLIGATIONS OF THE POSITION OF REGISTERED AGENT FOR DUNGIVEN LLC

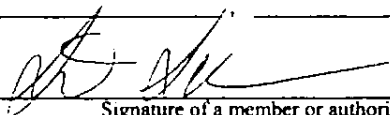
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated JULY 1ST 2024



Signature of a member or authorized representative of a member

SIOBHAN SCHNELLER

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FL

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