L240002883454

(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to f	Filing Officer.	
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FL

W

COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT: Del	Pino Auto B Name of Limite	DICHOP LCC.			
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.			
Please return all correspon	dence concerning this matter to	the following:			
	Roberto del	Pino Falero Name of Person			
	SID	Firm/Company	 -		
	810 Aleso	Address			
	Otlando 7	L 32817 City/State and Zip Code		2024 JUL 11 SECRETAR TALLAHI	17-29-49
	·	be used for future annual report notific	· Com		
For further information co	ncerning this matter, please cal	1:		PH 2: OF ST SSEE, I	1
Koberto de	Person Falero		3011 Telephone Number	: 18 TATE FL	
Enclosed is a check for the	e following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Mailing Address Registration S		Street Address: Registration Sect	tion		

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

TO:

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Complete (A Florida Limited)	Shop (L() any as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000283454</u> . This amendment is submitted to amend the following:	1 (assigned
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "LLC" or the abbreviation	1L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECRETARY TALLAHAS	2024 JUL 11
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	요ddress on our records, enter the name of the f	icw Phistered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	···

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	Robert del Pino Falero	8510 Alveron Blud	B Add
		8510 Alveron Blod Orlando, FC 32817	□Remove
			□ Change
			🗆 Add
			□Remove
			Change SEC
			SECRETARD OF STATE
			A 2ge Al
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Change

Filing Fee: \$25.00