

M23000001326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

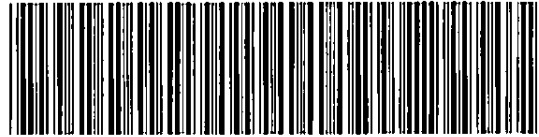
(Document Number)

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J. HORNE  
JUN - 5 2023

Office Use Only



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**WALK IN**

**PICK UP:** MISTY 6/2

**CERTIFIED COPY** \_\_\_\_\_

**XX PHOTOCOPY** \_\_\_\_\_

**CUS** \_\_\_\_\_

**XX FILING** FOREIGN LLC Amend

1. DYMI LLC  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: DyMi, LLC

Enter new principal office address, if applicable: 7508SW 189 ST

**(Principal office address  
MUST BE A STREET ADDRESS)**

CUTLER BAY, FL 33157

Enter new mailing address, if applicable:

**(Mailing address  
MAY BE A POST OFFICE BOX)**

2023 JUN -2 PM 4:07  
SECRETARY OF  
TALLAHASSEE FL

FILED

2. The Florida document number of this limited liability company is: M23000006326

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 05/15/2023

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: DYMI LEHIGH DEV, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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*

\_\_\_\_\_, 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 Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	MATIAS OTERO	7508 SW 189 ST	<input type="checkbox"/> Add
		CUTLER BAR, FL 33157	<input checked="" type="checkbox"/> Remove
MBR	MATIAS OTERO	7508 SW 189 ST	<input checked="" type="checkbox"/> Add
		CUTLER BAY, FL 33157	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

*Giovanni Li Destri*  
 Signature of the authorized representative

Giovanni Li Destri  
 Typed or printed name of signee

Filing Fee: \$25.00


# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "DYMI, LLC", CHANGING ITS NAME FROM "DYMI, LLC" TO "DYMI LEHIGH DEV, LLC", FILED IN THIS OFFICE ON THE THIRTY-FIRST DAY OF MAY, A.D. 2023, AT 3:23 O`CLOCK P.M.



  
Jeffrey W. Bullock, Secretary of State

7441978 8100  
SR# 20232645615

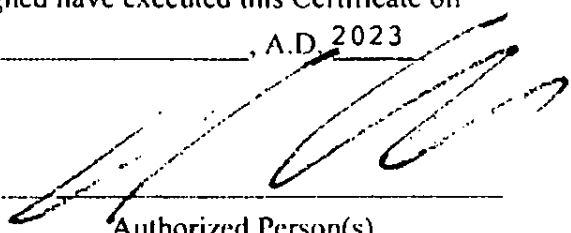
Authentication: 203468752  
Date: 06-02-23

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: DyMi, LLC  
\_\_\_\_\_
  
2. The Certificate of Formation of the limited liability company is hereby amended as follows:  
DyMi Lehigh Dev, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 31st day of May, A.D. 2023

By:   
\_\_\_\_\_ Authorized Person(s)

Name: Dylan LiDestri  
\_\_\_\_\_ Print or Type