

L 22000341394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

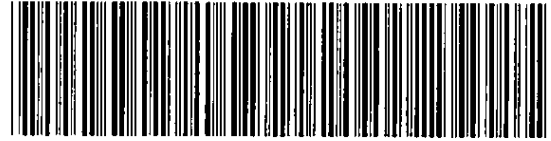
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200416418022

09/29/23--01011--005 **25.00

FILED
2023 SEP 29 PM 3:24
SECRETARY OF STATE
ATLANTA, GEORGIA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DLNT INVESTMENT 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:

VAN ANH TU TRAN

Name of Person

DLNT INVESTMENT LLC

Firm/Company

8416 29TH ST E

Address

PARRISH, FL 34219

City/State and Zip Code

ANGUYEN1226@YAHOO.COM

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

For further information concerning this matter, please call:

VAN ANH TU TRAN

216 466-3996
at () _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

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

DLNT INVESTMENT 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 08/02/2022 and assigned Florida document number L22000341394.

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)

FILED
2023 SEP 29 PM 3:25
CLERK OF COUNTY OF MIAMI
RECORDS & INFORMATION

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

_____, 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

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

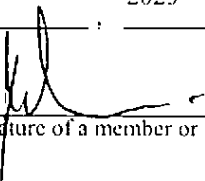
E. Effective date, if other than the date of filing: _____ (optional)

(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 SEPTEMBER 26 , 2023



Signature of a member or authorized representative of a member

VAN ANH TU TRAN

Typed or printed name of signee

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>
AMBR	VAN V DIEP	4150 WILLIAMSBURG CT	<input type="checkbox"/> Add
		MEDINA, OH 44256	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	THANH H LUU	855 HASENFLU DT	<input type="checkbox"/> Add
		HERMITAGE, PA 16148	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MRG	VAN ANH TU TRAN	8416 29TH ST E	<input type="checkbox"/> Add
		PARRISH, FL 34219	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HIEU MINH PHAM	855 HASENFLU DR	<input checked="" type="checkbox"/> Add
		HERMITAGE, PA 16148	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HANH TUYET NGUYEN	8416 29TH ST E	<input checked="" type="checkbox"/> Add
		PARRISH, FL 34219	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change