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COVER LETTER

: **Registration Section**

Division of Corporations .

DineFleer LLC BJECT:

Name of Limited Liability Company

r enclosed Articles of Amendment and fee(s) are submitted for filing.

ase return all correspondence concerning this matter to the following:

	Amanda Garcia Chasse				
	<u>_</u>	Name of Person			
	DinaFloor LLC				
		Firm/Company			
	5203 Miracle Rd				
	·	Address		202 Se	
	Orlando, Fl 32808			2 ROV	[[
	chassemanda@gmail.com	City/State and Zip Code		2022 HOV -7	المرافع 22 عاد 24 عاد 24
		to be used for future annual report not	tification)		ہو۔ اس
further information c	oncerning this matter, please c	all:		2:20	
randa		603 203-0454 at ()			
Name e	t Person		ne Telephone Number		
:losed is a check for t	he following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of States	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Mailing Addres	<u>s:</u>	Street Address:			

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DinoFloor LLC

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

Articles of Organization for this Limited Liability Company were filed or	9 <u>/15/2022</u>	_ and assigned

ida document number <u>1.22000402980</u>

amendment is submitted to amend the following:

f amending name, enter the new name of the limited liability company here:

new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

er new principal offices address, if applicable:

	ncipal office address MUST BE A STREET ADDRESS)	
--	---	--

:r	new	mailing	address,	if	applicable:	
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iling address MAY BE A POST OFFICE BOX)

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f amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> it and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	Iron
		Florida
	City	Zip Code

Registered Agent's Signature, if changing Registered Agent:

why accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and pt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is g filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany has been notified in writing of this change. mending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person-being added</u> <u>emoyed from our records</u>:

R = Manager BR = Authorized Member

Ę	<u>Name</u>	Address	Type of Action
BR	Amanda J Chasse	5203 Miracle Rd	🚍 Add
		Orlando, FL 32808	□Remove
			□Change
BR 	Amanda J Garcia Hernandez	5203 Miracle Rd	= Add
		Orlando, F1, 32808	
			□Change
			□Remove
			□Change
			🗆 Add
			□Add
			□Change

f amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
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2022 NOV +7 PH 2: 20 SECRETARY SILE SILE TALLANCESILE.
<u> </u>

Effective date, if other than the date of filing: _____

_ (optional) 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.

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 d is filed.

Dated _____

Signature of a member or authorized representative of a member

Amanda Garcia Chasse

Typed or printed name of signee

Filing Fee: \$25.00