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(Reque	estor's Name)			
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FILEU 2009 SEP 18 PH 2: 07 SECRETARY OF STATE

C. LEWIS SEP 2.12009 EXAMINER

COVER LETTER

TO: Registration Section Division of Corpor	
SUBJECT:	DIMA COMPANIES LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of Am	endment and fee(s) are submitted for filing.
Please return all corresponde	nce concerning this matter to the following:
	ANTHONY MANGUART Name of Person
_	Name of Person
	DIMA COMPANIES, LLC Firm/Company
-	Firm/Company
-	2430 BRICKELL ANE, #303A
	Address
	MIAMI, FL 83129 City/State and Zip Code
-	
-	AMANGUART @ DIMA COMPANIES. COM E-mail address: (to be used for future annual report notification)
	eming this matter, please call:
ANTHONY Mame of Pe	ANGUART at (305) 860. 0816 Area Code & Daytime Telephone Number
Name of Pe	Son Area Code & Daytime Telephone Number
Enclosed is a check for the fo	ollowing amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & Status Scrifficate of Status Certificate of Status 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
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2009 SEP 18 PM 2: 07

			700,00	•
DIMA	LOMPANIES, Liability Company as it no Torida Limited Liability Co	LLC	SECRI	ETARY OF STATE
(Name of the Limited L	iability Company as it no	w appears on ou	r records.)A	TASSEE. LUNIUM
1 A)	Ronda Emilieu Elaumty Co	inpany) ·		
The Articles of Organization for this Limited Lial			_	
Florida document numberL080000515				_
i ionaa document namber	<u> </u>			
This amendment is submitted to amend the follow	ving:			
A 70 11				
A. If amending name, enter the new name of t	he limited liability comp	oany here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liabili	ty Company," the	e designation	"LLC" or the abbreviation
Enter new principal offices address, if applical	ble:			· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET	ADDRESS)		_	
Enter new mailing address, if applicable:				
				····
(Mailing address MAY BE A POST OFFICE B	<u> </u>			
				
D. If amonding the projectional areas and low				4h \$ 4h
B. If amending the registered agent and/or registered agent and/or the new registered offi		ess on our rea	corus, <u>enter</u>	the name of the new
Name of New Registered Agent:	ANTHONY	MANGUA	RT	
	21120 80111	-11 AJR	# 202	4
New Registered Office Address:	ANTHONY MANGUART 2430 BRICKELL AVE, #303A Enter Florida street address			<u>A</u>
	MIAMI		_, Florida _	33/29 Zip Code
	_			Zip Code
New Peristaged Agent's Signature if changing De	orietament Amemie			

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 608, 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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action			
MGRM	EDWARD DIAZ	7421 SW 53RD PL MIANI, FL 33143	Add Remove			
			Add Remove			
***************************************			Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
D. If amendin	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_			
1) =1	lange of address: HGRN	1 ANTHONY MANGUART	·			
	D: 20 CALABRIA ANE, #30		_			
	W: 2430 BRICKELL ANE	# 303A	_ 20			
	MIANI, FL 33/29	A C C C C C C C C C C C C C C C C C C C	7009 SE			
② s	RR ATTACHED.	HAS:	FILI SEP 18			
Dated	ENTEMBER 16, 200 Signature of a member of		PH 2: 07			
ANTHONY MANGUART						
	Typed or	r printed name of signee				

Page 2 of 2

Filing Fee: \$25.00

OCHANGE OF ADDRESS: MGRM ADRIAN DIAZ OLD: 5765 SW 84TH ST., MIAMI, FL 33143 NEW: 2901 S. BAYSHORE DR. # 169 MIAMI, FL 33133

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2009 SEP 18 PH 2: 06
SECRETARY OF STATE
ALLAHASSEE, FLORIDA