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(Req	uestor's Name))
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B. BOSTICK

JUL 17 2012

EXAMINER

COVER LETTER

TO:		ation Section of Corporations				
SUBJI	ECT:	Dimensions I	Home Improvement, LLC			
		······································	Limited Liability Company			
The en	closed Art	icles of Amendment and fee(s) are	submitted for filing.			
Please	return all	correspondence concerning this ma	atter to the following:			
		*****	Joel M. Brown Name of Person			
			Name of Person			
		Dimer	nsions Home Improvement, LLC			
			Firm/Company			
			19920 NW 10th St			
			Address	$\mathbf{\Sigma}^{\dagger}_{i,i}$		
		F	Pembroke Pines, FL 33029	ALL AhA Soi	12 JUL 13	44.
			City/State and Zip Code		-	ε <u></u>
		dimer	sionsconstruction@yahoo.com		درې	
For fur	ther inform	nation concerning this matter, plea	ss: (to be used for future annual report notification) use call:	1860	PH 12: 9	
		Joel Brown	et (954) 533-4435	<u> </u>	ອວ	
		Name of Person	at (954) 533-4435 Area Code & Daytime Telephone Numb	er	•	
Enclos	ed is a che	ck for the following amount:				
\$25	5.00 Filing	Fee \$\int_\$30.00 Filing Fee & Certificate of Statu	(additional copy is enclosed) Certific	iling Fee cate of St ed Copy onal copy	atus &	
		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

Dimensio	ns Home I	mprovement, LLC		· · · · ·
(<u>Name of the Limited L</u> (A F	iability Compai Iorida Limited L	ny as it now appears on our liability Company)	· records.)	
The Articles of Organization for this Limited Liab	oility Company	were filed on Septeml	oer 23, 2010	2_ and assigned
Florida document numberL100000997	<u></u> .			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liab	ility company here:		
Dime	nsions Desig	ın Center, LLC		
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company," the	designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		12323 SW 55th Stre	et, Suite 10	004
(Principal office address MUST BE A STREET	ADDRESS)	Cooper City, FL 333	330	
		······································	<u>f-</u> ;	2
			<u></u>	Ē ".,
Enter new mailing address, if applicable:			ψ:. Ψ	<u>.</u>
(Mailing address MAY BE A POST OFFICE BOX)		<u>. p (4)</u>		
				<u> </u>
			<u>2-</u>	<u></u> 90
B. If amending the registered agent and/or registered agent and/or the new registered office			ords, <u>enter³tl</u>	ne name of the new
Name of New Registered Agent:			<u> </u>	
New Registered Office Address:	12323 SW 5	55th Street, Suite 100	4	
		Enter Flor	ida street addi	ess
	c	ooper City	, Florida	33330
		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 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = I	Managing Member		•
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add Remove
			
			Add Remove
			□ Damaua
<u></u>			Add Remove
•			Add
D. If amen	ding any other information, o	enter change(s) here: (Attach additional sheets, i	fnecessary.)
_			PH 12: 00
	·		=======================================
Dated	July 9	-, <u>2012</u> .	
	Signature	of a member or authorized representative of a membe	<u>r</u>
		Joel M. Brown Typed or printed name of signee	and the same of the state of the same of t
		ryped of printed name of signee	

Page 2 of 2

Filing Fee: \$25.00