

216 000897930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

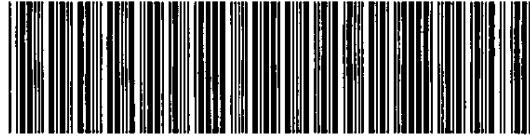
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 01 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANDRE J DORMEVIL 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:

ANDRE J. DORMEVIL
Name of Person
~~1000 NW 100 TER~~ ANDRE J. DORMEVIL
Firm/Company
1000 NW 100 TER
Address
MIAMI FL 33150
City/State and Zip Code
dormevilandre@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDRE J. DORMEVIL at (786) 413-6675
Name of Person Area Code Daytime Telephone Number

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
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2016

ANDRE JOSEPH DORMEVIL
1000 NW 100TH TERR
MIAMI, FL 33150

SUBJECT: ANDRE J DORMEVIL, LLC
Ref. Number: L16000097930

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16 JUN 30 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ANDRE J DORMEVIL, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 816A00012224

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

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

5/19/16

The Articles of Organization for this Limited Liability Company were filed on 11/05/2015 and assigned
Florida document number 70382 L160000 97930

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ANDRE J. DORMEVIL LLC

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)

1000 NW 100 TER
MIAMI SHORES FL 33150

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 381093
MIAMI FL 33238

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

16 JUN 3 2016
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TALLAHASSEE, FLORIDA
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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>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Remove
			☐ Change

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 STATE
 TALLAHASSEE
 FLORIDA

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

[This section contains horizontal lines for amendments, which have been crossed out with a diagonal line.]

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

6/20/2016

Andre J. Dobson

Signature of a member or authorized representative of a member

Typed or printed name of signee

15 JUN 30 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
441.60