

L12000146665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

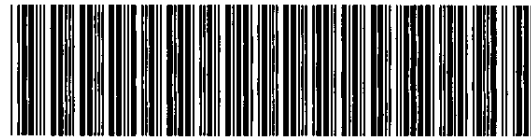
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EXAMINER



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11/26/12--01046--004 **25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Diminution Loss Claims Services LLC**

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adam R. Shevin

Name of Person

DLCS Mgr LLC

Firm/Company

10900 NW 36 Avenue

Address

Miami, Florida 33167

City/State and Zip Code

floridacounsel@yahoo.com

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

FILED
12 NOV 26 AM 11:58
CLERK OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Same as above

Name of Person

at (**305**) **769-1013**

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is: Diminution Loss Claims Services LLC
(the "Company")

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)


- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

DLCS Mgr LLC referenced as "MGRM" instead of
"MGR", as contemplated. Please correct records to
reflect DLCS Mgr LLC as "MGR" of the Company.

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: November 21, 2012


Signature of a member or authorized representative of a member

Adam R. Shevin, Esq., for DLCS Mgr LLC

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

FILED
12 NOV 26 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L12000146665
FILED 8:00 AM
November 21, 2012
Sec. Of State
Isellers

Article I

The name of the Limited Liability Company is:
DIMINUTION LOSS CLAIMS SERVICES LLC

Article II

The street address of the principal office of the Limited Liability Company is:
10900 NW 36 AVENUE
MIAMI, FL. US 331673710

The mailing address of the Limited Liability Company is:
10900 NW 36 AVENUE
MIAMI, FL. US 331673710

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
ADAM R SHEVIN ESQ.
10900 NW 36 AVENUE
MIAMI, FL. 33167

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: ADAM R. SHEVIN, ESQ.

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12 NOV 26 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article V

The name and address of managing members/managers are:

Title: MGRM
DLCS MGR LLC
10900 NW 36 AVENUE
MIAMI, FL. 33167 US

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FILED 8:00 AM
November 21, 2012
Sec. Of State
Isellers

Article VI

The effective date for this Limited Liability Company shall be:

11/15/2012

Signature of member or an authorized representative of a member

Electronic Signature: DLCS MGR LLC

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.