

L 050000097532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

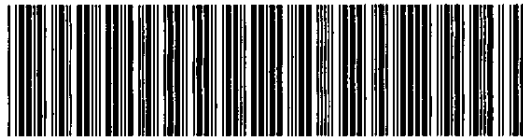
(Document Number)

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA

15 OCT -5 PM 2:36

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OCT 08 2015

Y S H K E E

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DMC Enterprises, 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:

TAEHO OH

\_\_\_\_\_  
Name of Person

DMC Enterprises, LLC

\_\_\_\_\_  
Firm/Company

12685 MAPLE RD

\_\_\_\_\_  
Address

NORTH MIAMI, FL 33181

\_\_\_\_\_  
City/State and Zip Code

TAEHO\_OH@ATT.NET

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

For further information concerning this matter, please call:

TAEHO OH

754 800-7992  
at ( )

\_\_\_\_\_  
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

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

DMC ENTERPRISES, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/04/2005 and assigned Florida document number L05000097532.

This amendment is submitted to amend the following:

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

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)**

8237 SUNSET STRIP

SUNRISE, FL 33322

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

12685 MAPLE RD

NORTH MIAMI, FL 33181

**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:

TAEHO OH

New Registered Office Address:

12685 MAPLE RD

*Enter Florida street address*

NORTH MIAMI

, Florida 33181

*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.*

*TaeHo Oh*

**If Changing Registered Agent, Signature of New Registered Agent**

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>
MGR	DEYSI POLANCO	1183 NE 91ST TERRACE	<input type="checkbox"/> Add
		MIAMI SHORES, FL 33138	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

15 OCT 5 PM 2:36  
COUNTY OF ST. JAMES  
TALLAHASSEE, FLORIDA

15 OCT -5 PM 2:36  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

15 OCT -5 PM 2:36  
STATE ARCHIVES  
TALLAHASSEE, FLORIDA

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated SEPT. 28 2015

TAEHO OH

**Filing Fee: \$25.00**