

# LD8000020547

Florida Department of State  
Division of Corporations  
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((H20000220861 3)))



H200002208613.ABCV

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Fax Number : (850)617-6383

From: Account Name : KIM MARKS CPA  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DRIMMERS APPLIANCES LLC

Certificate of Status	0
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Amend  
Name  
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JUL 23 2020

I ALBRITTON



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7/21/2020 5:12:39 PM PAGE 1/001 Fax Server



July 21, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

DRIMMERS APPLIANCES LLC  
95 NE 40TH STREET  
MIAMI, FL 33137

SUBJECT: DRIMMERS APPLIANCES LLC  
REF: L08000020547

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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) 245-6050.

Darlene Connell  
Regulatory Specialist II Supervisor

FAX Aud. #: H20000220861  
Letter Number: 720A00013736

H 20000208613

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

DRIMMERS APPLIANCES LLC

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

FILED  
2020 JUL 22 AM 10:07

The Articles of Organization for this Limited Liability Company were filed on 02/26/2008 and assigned  
Florida document number L08000020547.

This amendment is submitted to amend the following:

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

DMFC MIAMI 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:

2136 NE 123rd St

(Principal office address MUST BE A STREET ADDRESS)

North Miami, FL 33181

Enter new mailing address, if applicable:

2136 NE 123rd St

(Mailing address MAY BE A POST OFFICE BOX)

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: \_\_\_\_\_

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

((H20000220861 3))

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

H 20000220 (b) 3

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

NA

Multiple horizontal lines for amending information.

**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 July 13, 2020



Signature of a member or authorized representative of a member

AVROHOM DRIMMER

Typed or printed name of signer