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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : KIM MARKS CPA Account Number : 120120000072 Phone : (305)895-5815 Fax Number : (305)895-6273

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

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DRIMMERS APPLIANCES LLC

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COVER LETTER

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TO: Registration S Division of Co			
	IAMI LLC		
SUBJECT:	Name of Lim	ited Liability Company	!
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	·
Please return all corresp	ondence concerning this matter	to the following:	
	Stephen Korn		
	<u> </u>	Name of Person	
	Kim Marks CPA PA		
		Firm/Company	
	2136 NE 123rd St		
		Address	
	North Mianti, FL 33181		
		City/State and Zip Code	
	stephen@kimmarkscpa.con	to be used for future annual report noti	tication)
For further information	concerning this matter, please c		,
Stephen Korn		305 895-5815	•
Name of Person		at ()	e Telephone Number
Enclosed is a check for	the following amount:		•
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed):
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Fallahassee e Street, Suite 810

Page, 7 of 7

850-617-6381

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 FAX Aud. #: H20000220861 Regulatory Specialist II Supervisor Letter Number: 720A00013736 DRIMMERS APPLIANCES LLC

H 200002208613

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7000 331-72 MAID: 0. (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 02/26/2008 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 MIAMILLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 2136 NE 123rd St Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) North Miami, FL 33181 2136 NE 123rd St Enter new mailing address, if applicable: (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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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	(((
MGR = Manager	***
AMBR = Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Change
			□Add
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d July 13		2020	·		
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	<u></u>		orized representative		

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