

L09000116572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

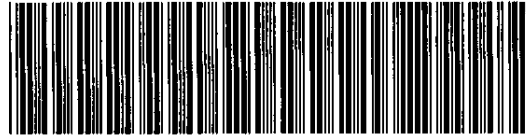
(Business Entity Name)

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TALLAHASSEE, FLORIDA

W
J. BRYAN

OCT 28 2010
Wherry firm
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2010

RAFAEL J. FERRER
F&S PROJECTS CORP
1500 WESTON RD., STE. 200
WESTON, FL 33326

SUBJECT: DMS GLOBAL, L.L.C.
Ref. Number: L09000116572

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We have received your document for DMS GLOBAL, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 510A00024894

NOTICE: The Florida Department of State, Division of Corporations, is a public agency under the provisions of the Florida Freedom of Information Act, Chapter 119, F.S. Any request for public records should be directed to the Division of Corporations, 1000 North West 11th Street, Tallahassee, Florida 32314. The Division of Corporations is not responsible for the content of any document filed with it.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DMS GLOBAL L.L.C.
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:

Rafael J. Ferrer

Name of Person

F&S Projects Corp

Firm/Company

1500 Weston Rd., Ste. 200-7

Address

Weston, FL 33326

City/State and Zip Code

contact@fandsprojects.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Rafael J. Ferrer

Name of Person

at (954)

482-9681

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**

DMS GLOBAL L.L.C.

(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 12/08/2009 and assigned
Florida document number L09000116572

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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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1500 Weston Rd., Ste. 200-3

(Principal office address MUST BE A STREET ADDRESS)

Weston, FL 33326

Enter new mailing address, if applicable:

1500 Weston Rd., Ste. 200-3

(Mailing address MAY BE A POST OFFICE BOX)

Weston, FL 33326

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

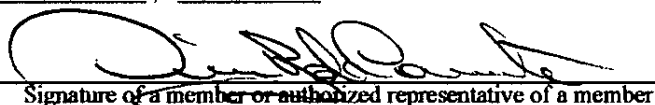
MGR = Manager

MGRM = Managing 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"/> Add |
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| | | _____ | |

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

Dated October 25th, 2010



Signature of a member or authorized representative of a member

Dina Baccellieri

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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