

4000065346

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BROWARD SOHO SERVICES INC.
Account Number : I20100000080
Phone : (954)366-3850
Fax Number : (954)633-7850

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

Email Address: Taxright7@yahoo.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 DEC 20 AM 10:07

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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DARI ENTERPRISES, LLC

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S. YOUNG

From: Amelia Basso Fax: (850) 633-7850
850-617-6381

To: Fax: (850) 617-6383
12/16/2016 10:30:42 AM PAGE

Page 2 of 6 12/20/2016 2:13 PM
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December 16, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DARI ENTERPRISES, LLC
8461 SPRINGTREE DR. APT. 102A
SUNRISE, FL 33351

SUBJECT: DARI ENTERPRISES, LLC
REF: L10000065346

16 DEC 20 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Yasemin Y Sulker
Regulatory Specialist II

FAX Aud. #: H16000307101
Letter Number: 016A00026745

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DARI 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:

DANIEL A MADERO

Name of Person

DARI ENTERPRISES LLC

Firm/Company

2019 SW 20TH ST STE 102

Address

FORT LAUDERDALE, FL 33315

City/State and Zip Code

DANIEL@MADEROINDUSTRIES.COM

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

For further information concerning this matter, please call:

DANIEL A MADERO

at (561) 713-0410

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32309
16 DEC 20 AM 10:08

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

DARI 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 06/18/2016 and assigned
Florida document number L10000065346.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

DANIEL A MADERO

New Registered Office Address:

2019 SW 20TH ST STE 102

Enter Florida street address

FORT LAUDERDALE

Florida 33315

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	INGRID M CHAJON	2019 SW 20TH ST STE 102	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33315	<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

16 DEC 20 AM 0:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 DEC 72

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Filing Fee: \$25.00