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SECRETARY OF STATE ALLAHASSEE, FLORIDA

BIC 21 DM L.

S. WARREN SEP 0 1 2017

COVER LETTER

TO: Registration Se Division of Cor			
DASUMAI SUBJECT:	KIM LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	DAVID MCCREARY am	gr	
	-	Name of Person	
	DASUMAKIM LLC		
		Firm/Company	
	1492 VIA SANGRO PLA	CE	
		Address	<u> </u>
	WINTER PARK FL 32792	2	
	157/2001	City/State and Zip Code	
	zoomdrm57@yahoo.com E-mail address: (to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	all:	
David R McCreary		407 716-9360 at ()	
Name of	f Person		Telephone Number
Enclosed is a check for th	ne 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

DASUMAKIM LLC		
(<u>Name of the Limited Liabi</u> (A Flord	lity Company as it now appears on our records da Limited Liability Company)	3)
The Articles of Organization for this Limited Liability (Company were filed on 08/18/2010	and assigned
lorida document number L 10000087123		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lim	nited liability company here:	
he new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or regi egistered agent and/or the new registered office add		, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	•
		rida Zip Code
New Registered Agent's Signature, if changing Registere	City	zip Code

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 finited lidbility 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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member <u>Title</u> Address Type of Action <u>Name</u> □ Remove ______ Add ___ Remove ☐ Change _D Add _□ Remove _□ Change ☐ Remove

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ective date, if other than the effective date is listed, the date in	he date of filing:	prior to date of filing or m	option (option)	al) ing.) Pursuant to 605.0
e: If the date inserted in this ument's effective date on the	block does not meet the ap	plicable statutory filin	g requirements, this d	ate will not be listed
inient's effective date on the	Department of State's reco	nus.		
ecord specifies a delay	ed effective date, but	not an effective t	ime, at 12:01 a.r	n. on the earlier
ne 90th day after the re			·	
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	Signature of a prember or	authorized representative	of a member	2555 👱 🖃 -

Page 3 of 3

Filing Fee: \$25.00