

From: Robert DiMarco Fax: (813) 749-7563

To: +18506176383

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**L11000019782**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

FAX 813-749-7563

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

From: Account Name : ROBERT F. DIMARCO, C.P.A. P.A.  
Account Number : I20020000165  
Phone : (727) 787-5290  
Fax Number : (727) 749-7563

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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.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DIMARCO PROPERTIES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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**ATTACHED IS CORRECTED ARTICLES OF  
AMENDMENT - DOLLAR AMOUNT**

**B. KOHN**

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 25 2012

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October 11, 2012

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

DIMARCO PROPERTIES, LLC  
220 PINE AVENUE N  
SUITE A  
OLDSMAR, FL 34677US

SUBJECT: DIMARCO PROPERTIES, LLC  
REF: L11000019782

FILED  
21 OCT 24 AM 9:12  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Please resubmit with an LLC AMENDMENT coversheet and an LLC AMENDMENT form.

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) 245-6051.

Buck Kohr  
Regulatory Specialist II

FAX Aud. #: H12000205684  
Letter Number: 912A00025155 X

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TALLAHASSEE, FLORIDA

((H12000250789 3)))

C' (((H12000256520 3)))

TO: Registration Section  
Division of CorporationsSUBJECT: DIMARCO PROPERTIES, 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:

ROBERT DIMARCO

Name of Person

ROBERT F. DIMARCO, C.P.A.

Firm/Company

220 PINE AVENUE N, SUITE A

Address

OLDSMAR, FL 34677

City/State and Zip Code

KAREN@TAXARTIST.COM

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

For further information concerning this matter, please call:

KAREN HALL

Name of Person

at ( 727 )

787-5290

Area Code &amp; 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 32314ST  
Re  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

(((H12000256520 3)))

FILED  
12 OCT 24 AM 9:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT (((H12000256520 3)))  
TO  
ARTICLES OF ORGANIZATION  
OF

DIMARCO PROPERTIES, 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 02-15-2011 and assigned  
Florida document number 111000019782

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 "LLC."

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:

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,

If amending the Managers or Managing Members on only one or Managing Member being added or removed from

name, and address of each Manager

MGR = Manager

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MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DIMARCO, ELEANOR	220 PINE AVE N, SUITE A OLDSMAR, FL 34677	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	DIMARCO, G. MICHELLE	220 PINE AVE N, SUITE A OLDSMAR, FL 34677	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	DIMARCO, DAVID	220 PINE AVE N, SUITE A OLDSMAR, FL 34677	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

ORIGINAL DOCUMENT FILED, LISTED MEMBERS IN ERROR.

THE MEMBERS TO BE REMOVED ARE ELEANOR DIMARCO

MICHELLE G DIMARCO AND DAVID DIMARCO

ROBERT F DIMARCO AND ANDREW C DIMARCO WILL REMAIN AS MEMBERS

Dated

AUGUST 15, 2012

Signature of a member or authorized representative of a member

ROBERT F DIMARCO

Typed or printed name of signee

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