

L11000010330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

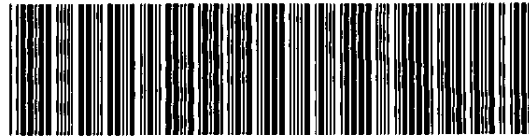
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300209123973

06/24/11--01017--008 **25.00

FILED
11 JUL -5 AM 11:14
CLERK OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JUL - 6 2011

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: DUMONDE 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:

PAZ SHOHAM, EA

(Name of Person)

GILMAN CIOCIA INC

(Firm/Company)

2875 NE 191st ST STE 601

(Address)

AVENTURA, FL 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

Paz Shoham

(Name of Person)

at (305) 692-5204

(Area Code & Daytime Telephone Number)

FILED
11 JUL -5 AM 11:14
TALLAHASSEE, FL
STATE OF FLORIDA

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**

DUMONDE 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 06/16/2011 ☒ and assigned
Florida document number L11000070330.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
11 JUL -5 AM 11:14
SOUTH Dade COUNTY CLERK
TALLAHASSEE, FLORIDA

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>
MGRM	TIESE MANIGO GILARDONI	1804 4TH AVENUE	<input checked="" type="checkbox"/> Add
		CONWAY, SC 29527	<input checked="" type="checkbox"/> Remove
MGRM	MANIGO GILARDONI	1804 4TH AVENUE	<input checked="" type="checkbox"/> Add
		CONWAY, FL 29527	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

FILED
 11 JUL -5 AM 11:14
 TALLAHASSEE, FLORIDA

Dated June 17, 2011

 Signature of a member or authorized representative of a member
 Paz Shoham, EA
 Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 27, 2011

PAZ SHOHAM, EA
GILMAN CIOCIA, INC.
2875 NE 191ST STREET, SUITE 601
AVENTURA, FL 33180

SUBJECT: DUMONDE LLC
Ref. Number: L11000070330

We have received your document for DUMONDE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 711A00015466

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314