

L11000094888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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12 OCT 15 AH10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT 16 2012

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DBSN, 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:

Chad Reidlinger  
Name of Person

DBSN, LLC  
Firm/Company

4554 NW 50th Ct  
Address

Coconut Creek, FL 33073  
City/State and Zip Code

chad@closewithchad.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chad Reidlinger at ( 954 ) 868-6284  
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  
12 OCT 15 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

DBSN, 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 8/17/11 and assigned  
Florida document number L11000094888

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)

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**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:

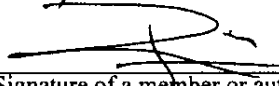
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	RMS Consulting Group FL, LLC	359 Brighton T Boca Raton, FL 33434	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Florida State Realty, LLC	4554 NW 50th Ct Coconut Creek, FL 33073	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Chad Reidlinger	4554 NW 50th Ct Coconut Creek, FL 33073	<input checked="" 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.)

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12 OCT 15 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated 9/14/12 (September 14), 2012

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Chad Reidlinger  
\_\_\_\_\_  
Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 2, 2012

CHAD REIDLINGER  
DBSN, LLC  
4554 NW 50TH COURT  
COCONUT CREEK, FL 33073

SUBJECT: DBSN, LLC  
Ref. Number: L11000094888

We have received your document for DBSN, 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 above listed entity was administratively dissolved for failure to file the 2012 annual report/uniform business report and must reinstate before this document can be filed. Please see the attached fee schedule for a breakdown of the fees due.

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.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 012A00024484