

L12000145988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

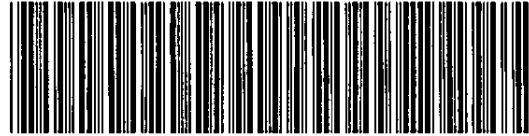
(Business Entity Name)

(Document Number)

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2013 AUG 12 PM 3:26  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

AUG 13 2013  
D. BRUCE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DME COLLECTIVE CLOTHING 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:

**DOUGLAS RIVAS BENITEZ**

Name of Person

**DME COLLECTIVE**

Firm/Company

**991 S STATE RD 7**

Address

**PLANTATION FL 33317**

City/State and Zip Code

**DMESETER@GMAIL.COM**

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

For further information concerning this matter, please call:

**DOUG RIVAS**

Name of Person

**954 292-9323**

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**DME COLLECTIVE CLOTHING 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 11/12/2012 and assigned  
Florida document number L12000145988.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**NA**

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)**

991 S. STATE RD  
SUITE A1  
PLANTATION, FL 33317

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

991 S STATE RD 7  
SUITE A1  
PLANTATION, FL 33317

**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>
MNG	JOSH DISMUKE	1414 SW 47TH TERR	<input type="checkbox"/> Add
		PLANTATION, FL 33317	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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TALLAHASSEE FLORIDA

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11/13/13

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

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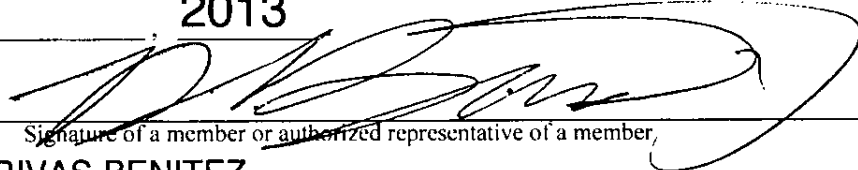
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Dated **JULY 28**

**2013**



Signature of a member or authorized representative of a member,

**DOUGLAS RIVAS BENITEZ**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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