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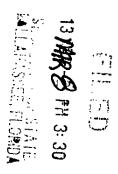
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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L12-146342 Amend 03/08/13 01013 001



APR -4 2013 N. CAUSSEAUX Update Payment

04/04/13

0.00

DEP Page 0001/0001

Deposit Number : 03/08/13 01013 001 Deposit Amount : 25.00

Account Number : Deposit Balance:

Refund Request Date: Debit Memo Date: Refund Mail Date : Void Date:

Refund Amount : 0.00 User ID : EODOM

Requester :

DOC Page 0001/0001

Ledger Date : 03/08/13 Sub Account Number:

Document Requester : CORUDELEV

<u>Category</u> <u>Description</u> <u>Amount</u>

CF ALL CORP FILING FEES 25.00

<Ctrl>A - Add Pay <Ctrl>R - Rem pay <Ctrl>D - Print doc <Ctrl>V - Print check

FAX COVER SHEET

ТО		
COMPANY		
FAX NUMBER	18502456030	
FROM	Processing Office	
DATE	ATE 2013-04-04 14:10:39 GMT	
RE	Fwd: L12000146342 Document Number	

COVER MESSAGE

Attn: Nanette 850 245-6918

Felix Bodner
614.989.9167 direct phone
614.340.7178 direct fax
felixbodner@gmail.com
Felix Bodner skype

To: corphelp@dos.state.fl.us L12000146342 Document Number

DC DIRECT LLC

Per attached document and copy of the cashed check we have asked to add Oleksandr Radchuck

as a MNGR to the records.

Records still not updated. Please update and, if possible, notify us VIA email.

COVER LETTER

TQ:

Registration Section
Division of Corporations

SUB IECT

DC DIRECT 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:

CADMUS, DONALD

Name of Person

DC DIRECT LLC

Firm/Company

115 SW JOHN GLN

Address

LAKE CITY FL 32024 US

City/State and Zip Code

felix@primelinenutra.com

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

For further information concerning this matter, please call:

CADMUS, DONALD

305,224-1490

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

DC DIRECT LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

(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 11/20/2012 Florida document number <u>L12000146342</u> 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) 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 __

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Oleksandr Radchuck	115 SW JOHN GLN LAKE CITY FL 3302	4 Add
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ed	March 12	2013	
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	CADMUS, DONA	Typed or printed name of sig	mee
		Page 3 of 3	,
		Filing Fee: \$25.00	
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