

L12000146342

(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



700241390357

L12-146342

Amend

03/08/13 01013 001
\$25.00

FILED
13 MAR 8 PM 3:30
STATE
TALLAHASSEE, FLORIDA

APR -4 2013

N. CAUSSEAU

10:13

Update Payment

04/04/13

DEP Page 0001/0001

Deposit Number	: 03/08/13 01013 001	Deposit Amount	: 25.00
Account Number	:	Deposit Balance	: 0.00
Refund Request Date	:	Debit Memo Date	:
Refund Mail Date	:	Void Date	:
Refund Amount	: 0.00	User ID	: EODOM
Requester	:		

		DOC Page	0001/0001
Tracking Number	: 600245227936	Document Number	: 600245227936
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

TO	
COMPANY	
FAX NUMBER	18502456030
FROM	Processing Office
DATE	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

**TO: Registration Section
Division of Corporations**

SUBJECT: 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

Name of Person

at (**305**) **224-1490**

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

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

DC DIRECT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
13 APR 8 PM 3:30
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/20/2012 and assigned
Florida document number L12000146342

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

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	Oleksandr Radchuck	115 SW JOHN GLN LAKE CITY FL 33024	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
 13 MAR 8 PM 3:30
 SEAL STATE OF FLORIDA
 HALLANDALE BEACH

Dated March 12, 2013

Signature of a member or authorized representative of a member
CADMUS, DONALD

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

CASH ONLY IF ALL CHECKMATE™ SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPYING

BIOGENICS DIRECT
 1250 EAST HALLANDALE BEACH BLVD., SUITE 406
 HALLANDALE BEACH, FL 33009

BANK OF AMERICA, NA
 HALLANDALE, FL 33009
 83-004630

100029

3/1/2013

PAY TO THE ORDER OF Florida Dept of State \$ **USD 25.00**

Twenty-Five and 00/100

Florida Dept of State
 Registration Section
 Division of Corporations
 PO Box 6327
 Tallahassee, FL 32314

MEMO

VOID AFTER 90 DAYS

100029 006300007 898055293582 0000002500

BANK OF AMERICA, NA
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 02/14/13
 6550137127

101-81010-6/20/2013
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