

L12000148744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

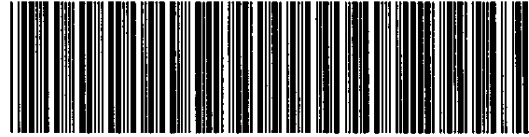
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 SEP 15 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan SEP-22 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DPIM 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:

Alberto Pontonio
Name of Person

Firm/Company

40 SW 13th Suite 204
Address

MIAMI, FL 33130
City/State and Zip Code

alberto.pontonio@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alberto Pontonio at (786) 503 2252
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

TO
ARTICLES OF ORGANIZATION
OF

FILED

2014 SEP 15 AM 10:20

AP FUTURE LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 2012 and assigned
Florida document number L12000148744

This amendment is submitted to amend the following:

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

DPIM LLC

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)

40 SW 13th Street
SUITE 204
MIAMI 33130

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:

CRISTHIAN DICK

New Registered Office Address:

40 SW 13th Street SUITE 204
Enter Florida street address

MIAMI

Florida

33130

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 605, 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

Authorized Member being added or removed from our records:

MGR = Manager

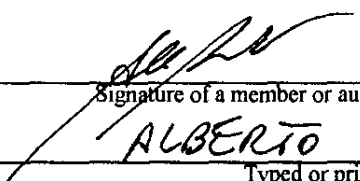
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CRUTHIAN CARLOS-DICK	151 CRANDON BLVD	<input checked="" type="checkbox"/> Add
		APT 100 - KEY BISCAYNE	<input type="checkbox"/> Remove
MGR	Alberto Pontonio	462 HAMPTON LANE	<input checked="" type="checkbox"/> Add
		KEY BISCAYNE	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 12th September, 2014


Signature of a member or authorized representative of a member
ALBERTO PONTONIO
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA