

L13000033786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

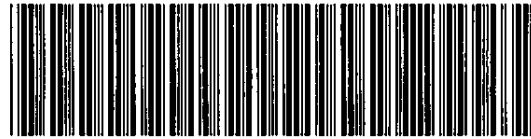
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 MAY 12 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 19 2014

S. YOUNG

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DYC GROUP LLC**

Name of Limited Liability Company

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14 MAY 12 PM 4:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**ELIEZER PINSON**

Name of Person

**FLORIDA STATE TRUST**

Firm/Company

**6015 WASHINGTON STREET, STE 200**

Address

**HOLLYWOOD, FL 33023**

City/State and Zip Code

**E@FST26.COM**

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

For further information concerning this matter, please call:

**ELIEZER PINSON**

Name of Person

**305 343-8630**

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 &<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

## DYC GROUP LLC

The Articles of Organization for this Limited Liability Company were filed on 03/05/2013 and assigned Florida document number L13000033786.

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

**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**

Civ

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**

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or 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>                      |
|--------------|----------------------|----------------------|--------------------------------------------|
| MGRM         | GIDEON MG, GRATSIANI | PO BOX 820           | <input type="checkbox"/> Add               |
|              |                      | HALLANDALE, FL 33008 | <input checked="" type="checkbox"/> Remove |
| MGRM         | SHELY GRATSIANI      | PO BOX 820           | <input checked="" type="checkbox"/> Add    |
|              |                      | HALLANDALE, FL 33008 | <input type="checkbox"/> Remove            |
|              |                      |                      | <input type="checkbox"/> Add               |
|              |                      |                      | <input type="checkbox"/> Remove            |
|              |                      |                      | <input checked="" type="checkbox"/> Add    |
|              |                      |                      | <input checked="" type="checkbox"/> Remove |
|              |                      |                      | <input type="checkbox"/> Add               |
|              |                      |                      | <input type="checkbox"/> Remove            |
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|              |                      |                      | <input type="checkbox"/> Remove            |

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TALLAHASSEE, FL 32304  
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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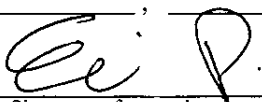
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 **05/05/2014**



Signature of a member or authorized representative of a member

**ELIEZER PINSON**

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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