

07/24/2014

05 FAX

07/23/2014

Tripp, Scott

0001/0008

Division of Corporations

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L13000074068

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : TRIPP SCOTT, P.A.
Account Number : 07535000065
Phone : (954) 525-7500
Fax Number : (954) 761-8475

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: CBV@TRIPPSMOTT

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TIEMAN MANAGEMENT LLC**

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Corporate Filing Menu

Help



July 24, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TIEMAN MANAGEMENT LLC
9420 S HOLLYBROOK LAKE DR.
#201
PEMBROKE PINES, 33025

SUBJECT: TIEMAN MANAGEMENT LLC
REF: L13000074068

We have received your document for TIEMAN MANAGEMENT LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

Missing page (3) of the Amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H14000092059
Letter Number: 314A00008343

RECEIVED
14 JUL 24 AM 7:01
REGULATORY DIVISION
TALLAHASSEE, FLORIDA

07/24/2014 12:06 FAX 9545252350
850-617-6381

Tripp Scott
4/18/2014 10:53:53 AM PAGE 1/001 Fax Server

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April 18, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TIEMAN MANAGEMENT LLC
9420 S HOLLYBROOK LAKE DR.
#201
PEMBROKE PINES, 33025

SUBJECT: TIEMAN MANAGEMENT LLC
REF: L13000074068

We have received your document for TIEMAN MANAGEMENT LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: H14000092059
Letter Number: 314A00008343

RECEIVED

14 JUL 24 AM 7:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED

2014 JUL 23 AM 9:40

CLERK OF STATE
TALLAHASSEE, FLORIDA

TIEMAN MANAGEMENT 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 May 14, 2013 and assigned
Florida document number L13000074068

This amendment is submitted to amend the following:

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

DMT MANAGEMENT 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)

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

City, Florida 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:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

H14000092059 3

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 April 17, 2014



Signature of a member or authorized representative of a member

Ian Lis, authorized representative

Typed or printed name of signee

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2014 JUL 23 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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