# L13000045583

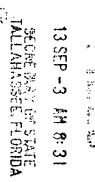
(Requestor's Name)
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#### **COVER LETTER**

TO: Regis

Registration Section
'Division' of Corporations

SURIFCT

# DIMENSION SERVICES 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:

# PATRICK MOYAL

Name of Person

### MOYAL ACCOUNTING SERVICES INC

Firm/Company

## 10796 PINES BLVD SUITE 204

Address

## PEMBROKE PINES FL 33026

City/State and Zip Code

### MOYALACCOUNTING@GMAIL.COM

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

For further information concerning this matter, please call:

PATRICK MOYAL

,,954**,430-3930** 

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

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

#### **DIMENSION SERVICES LLC**

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

(A Florida El	inited Diabliky Company)			
The Articles of Organization for this Limited Liability Co Florida document number <u>L13000092283</u>	ompany were filed on JUNE 26	6, 2013	_ and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:			
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Company," th	e designation "LLG	C" or the al	bbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	ESS)			
Enter new mailing address, if applicable:		GIALL	13 S	erregra 5 1
(Mailing address MAY BE A POST OFFICE BOX)		<u>ممر</u> مرز	<del>ि दि</del>	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
		Lin Can	<u>်း</u> ယ်	2 0743
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	ered office address on our resess here:	cords, enter the	name of	f the new
Name of New Registered Agent:				
New Registered Office Address:	Enter Flo	orida street addre.		
		, Florida		
	City	, FIUFIGA	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 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	OLIVIER CHAVAREN	5 RUE DU LAOS	Add
		75015 PARIS	Remove
		·	
			Add
			Remove
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	<del></del>		Remove  3 ACC AND Add Add Add Add Add Add Add Add Add Ad
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D. If amending any other informa	tion, enter change(s) here: (Attach additional sheets, if necessary.)
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ALICHET 20	0040
Dated AUGUST 30	
	$\Rightarrow \downarrow 0$
	also Voyal
Sig	gnature of a member or sufficiency and representative of a member
PATRICK	MOYAL
	Typed or printed name of signee
<b>/</b> ·	Page 3 of 3
	Filing Fee: \$25.00

13 STP -3 AN 8:31
SCURANCE OF STATE
TALLAHASSEE, FLORIDA