L13000092283

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COVER LETTER

TO:

Registration Section
Division of Corporations

DIMENSION SERVICES LLC

SUBJECT

Name of Limited Liability Company

The enclosed Articles of Amendment and fcc(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 FLORIDA 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 Limited Liability Company)

The Articles of Organization for this Limited Lia Florida document number <u>L13000092283</u>	ability Company were filed on JUNE 26, 20	and assigned 7013 OCT 16
This amendment is submitted to amend the follow	wing:	CT II CT II ÆTAR AHAS
A. If amending name, enter the new name of	the limited liability company here:	SEE PH
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/o registered agent and/or the new registered off	r registered office address on our records ice address here:	, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	itreet address
	, FI	orida
	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 = Man MGRM = M	ager anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	OLIVIER CHAVAREN	5 RUE DU LAOS	Add
		75015 PARIS	Remove
MGR	PATRICK Mayal	10796 Pines BLVD Pembroke Pines, FL 3302	
	r	Tembroke Times, FL 3302	Remove
			Add S 20
			S Bemove
<u></u>			
			Remove
			Remove
			_
			Add
			Remove

f amendi	ng any other information, enter	change(s) here: (Ai	ttach additional sheets, if necessary.)
			
	OBER 14	2013	. 0
•		4000 A	(one)
	PATRICK MOYAL 🦳	TOWN	representative of a member
•		Typed or printed nam Page 3 of	
		Filing Fee: \$	25.00

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