

L13000092283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

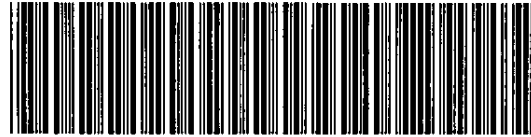
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 17 2013

T. HAMPTON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 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 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**

Name of Person

**954 430-3930**

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

**DIMENSION SERVICES LLC**

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TALLAHASSEE, FLORIDA  
for the abbreviation

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 = Manager

MGRM = Managing Member

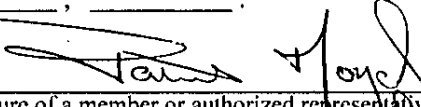
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	OLIVIER CHAVAREN	5 RUE DU LAOS	<input checked="" type="checkbox"/> Add
		75015 PARIS	<input type="checkbox"/> Remove
MGR	PATRICK Moyal	10796 Pines BLVD	<input type="checkbox"/> Add
		Pembroke Pines, FL 33026	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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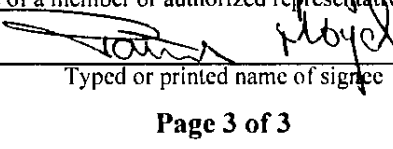
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated OCTOBER 14, 2013

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

PATRICK MOYAL

  
\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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