

L17000145280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

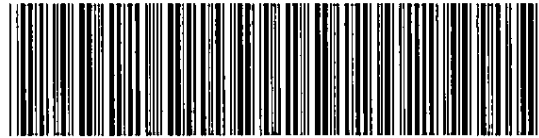
(Business Entity Name)

(Document Number)

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17 NOV - 1 AM 7:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DICKENS PARTNERS LLC  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Isaac Benmergui  
\_\_\_\_\_  
Name of Person  
  
\_\_\_\_\_  
Firm/Company  
  
1150 Kane concourse, Second Floor  
\_\_\_\_\_  
Address  
  
Bay Harbor Islands, Florida 33154  
\_\_\_\_\_  
City/State and Zip Code  
  
GAONLAW@GMAIL.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ISAAC BENMERGUI                      305                      3978547  
\_\_\_\_\_  
Name of Person                      at (                      )                      \_\_\_\_\_  
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

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

Dickens Partners, 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 10/15/2013 and assigned Florida document number L13000145280.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

10800 Biscayne Blvd.

Suite 350

North Miami, Florida 33161

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

10800 Biscayne Blvd.

Suite 350

North Miami, Florida 33161

**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:

Law Office of Isaac Benmergui, P.A.

New Registered Office Address:

10800 Biscayne Blvd., Suite 350

*Enter Florida street address*

North Miami

*City*

Florida

*Zip*

**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.*

*(Signature)*  
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	Jose Nortberto Domanico	10800 Biscayne Boulevard	<input checked="" type="checkbox"/> Add
		Suite 350	<input type="checkbox"/> Remove
		North Miami , Fl 33161	<input type="checkbox"/> Change
MGR	Bestopfind LTD.	1150 kane concourse	<input checked="" type="checkbox"/> Add
		Second Floor	<input type="checkbox"/> Remove
		Bay Harbor Islands, Fl 33154	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

12. If amending any other information, enter change(s) here: *TAKE 2 ADDITIONAL SHEETS, IF NECESSARY.*

17 NOV - 1 AM 7:03  
SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

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

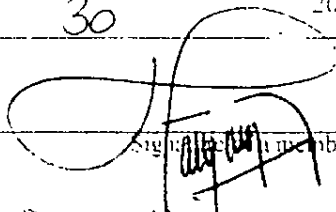
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing (Pursuant to 605.0207 (3))

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

14. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(1) The 90th day after the record is filed.

Dated October 30 2017



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

Jose Norberto Domianico, Manager

\_\_\_\_\_  
Typed or printed name of signer