

213000145280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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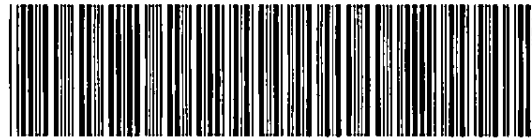
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. LEGGETT
NOV 14 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ~~IFS JARDIN 204 LLC~~

Dickens Partner, 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

GIAONLAW@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

at ()

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**

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

Florida 33161

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 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 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> |
|--------------|-----------------|------------------------------|--|
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Bestopfind LTD. | 1150 kane concourse | <input type="checkbox"/> Add |
| | | Second Floor | <input checked="" type="checkbox"/> Remove |
| | | Bay Harbor Islands, Fl 33154 | <input type="checkbox"/> Change |
| MGR | Bestopfind LTD. | 1150 kane concourse | <input type="checkbox"/> Add |
| | | Second Floor | <input checked="" type="checkbox"/> Remove |
| | | Bay Harbor Islands, Fl 33154 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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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.

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

Dated October 30 2017

Signature of a member or authorized representative of a member

Jose Norberto Dománico, Manager

Typed or printed name of signer: _____