

#L1400070244

From: Evelyn Suero

Fax: (305) 395-2842

To:

Fax: (305) 617-6383

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10/23/2014

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DOROT & BENSIMON
Account Number : I20140000091
Phone : (305)921-9421
Fax Number : (305)395-3978

RECEIVED

14 OCT 24 PM 12:00

FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
REGISTRATION SERVICES

2014 OCT 24 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: info@dorotbensimon.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DIMEAC, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

H140002487633

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIMEAC, 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:

DATAN DOROT

Name of Person

DOROT & BENSIMON PL

Firm/Company

2775 SUNNY ISLES BLVD SUITE 118

Address

NORTH MIAMI BEACH, FL 33160

City/State and Zip Code

info@dorotbensimon.com

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

For further information concerning this matter, please call:

DATAN DOROT

Name of Person

at 305 921-9421

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

H140002487633

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DIMEAC, 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 4/30/2014 and assigned
Florida document number L14000070244

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 end with 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**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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: DORBEN CORPORATE SERVICES, LLC

New Registered Office Address: 2775 SUNNY ISLES BLVD SUITE 118
Enter Florida street address

NORTH MIAMI BEACH, Florida 33160
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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
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FILED
2014 OCT 24 AM 9:37
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

H140002487633

From: Evelyn Suero

Fax: (305) 398-2847

To:

Fax: +1 (850) 617-6383

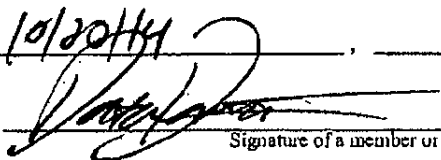
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

10/20/14


Signature of a member or authorized representative of a member

DATAN DOROT, ESQ.

Typed or printed name of signer

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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