L140000088751

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	Certificate	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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FILED

15 JUL 14 AM 8: 12

SECRETARY OF STATE
SECRETARY OF STATE

JUL 1 4 2015 T. HAMPTON

COVER LETTER

Diimensi	ion LLC	
SUBJECT:	Name of Limited Liability Company	
	Name of Emmed Elability Company	
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.	
Please return all corres	spondence concerning this matter to the following:	
	Philip Lafaurie	
	Name of Person	
	Diimension LLC	
	Firm/Company	
	15626 sw 62nd St	
	Address	
	Miami, FL 33196	
	City/State and Zip Code	
	plafaurie@diimension.com	
	E-mail address: (to be used for future annual report notification)	
For further information	n concerning this matter, please call:	
Beckem Lacayo	305 9224903 at ()	
Name	e of Person Area Code Daytime Telephone Number	
Enclosed is a check for	r the following amount:	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee Certificate of Status	atus

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



RECEIVED

15 JUL 14 AM 7: 44

FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE JALLAHASSEE, FLORIDA

June 11, 2015

PHILIP LAFAURIE 15626 SW 62ND ST MIAMI, FL 33196

SUBJECT: DIIMENSION LLC Ref. Number: L14000088751

We have received your document for DIIMENSION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist III

Letter Number: 915A00012298

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	.	•	A-< _ [17]
Diimension LLC (Name of the Limiter	d Liability Compan	ay as it now appears on our records.)	E.F.S. B.
(2	A Florida Limited L	iability Company)	꼶 ~
The Articles of Organization for this Limited Lia Florida document number <u>L14000088751</u>	bility Company v	were filed on June 3, 2014	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liabi	lity company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ty Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	15626 sw 62nd St	
(Principal office address MUST BE A STREET		Miami, FL 33196	
		15626 sw 62nd St	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	Miami, FL 33196	
B. If amending the registered agent and/o registered agent and/or the new registered offi			nter the name of the new
Name of New Registered Agent:	Philip Lafaurie		
New Registered Office Address:	15626 sw 62nd	St	
		Enter Florida street address	

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.

City

Miami

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Address	Type of Action
AMBR	Alfredo Palmer		
•	•	11333 sw 160th Pl Miami, FL 33196	■ Remove
•			☐ Change
			□ Add
			☐ Remove
			Change
-			
· ·			TS DRemove
			SECRETARY UF STATE STATE SECRETARY UF STATE Regove
			□ Change
			
			Remove
			Change
, ;			□ Add
			□ Remove
			Change

	and any address associated with 11333 sw 160th Pl Miami, FL 33196.	
	If any record is found, they are no longer associated with Diimension LLC	
	•	
(If an o	ective date, if other than the date of filing: 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 e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ument's effective date on the Department of State's records.	(3)(the
(If an o	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 e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as	the
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