

L14,000106833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

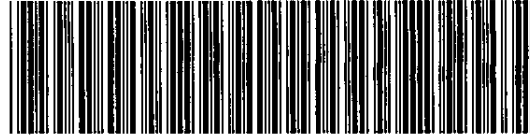
(Business Entity Name)

(Document Number)

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Y SULKER

www.sunbiz.org
Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

We have received your document for DBSY DEVELOPMENTS 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 document is illegible and not acceptable for imaging.
We are enclosing the proper form(s) with instructions for your convenience.
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 Yasemin Y Sulker
Regulatory Specialist II
Letter Number: 115A00022394

MICHAEL E LEACH, ESQ
2400 EAST COMMERCIAL BLVD SUITE 706
FORT LAUDERDALE, FL 33308
SUBJECT: DBSY DEVELOPMENTS LLC
Ref. Number: L14000106833

October 22, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations
TALLAHASSEE, FLORIDA
RECEIVED
15 NOV 20 AM 10:51
SECRETARY OF STATE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DBSY DEVELOPMENTS, 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:

MICHAEL E. LEACH, ESQ

Name of Person

MICHAEL E. LEACH, PA

Firm/Company

2400 EAST COMMERCIAL BLVD, SUITE 706

Address

FORT LAUDERDALE, FLORIDA 33308

City/State and Zip Code

DEEBLUEMARLIN@GMAIL.COM

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

For further information concerning this matter, please call:

MICHAEL E. LEACH, ESQ

954 351-8800
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**

DBSY DEVELOPMENTS, 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 JULY 7, 2014 and assigned
Florida document number 114000106833

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)

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:

New Registered Office Address:

Enter Florida street address

, Florida

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>
AMBR	DORON BROMAN	3330 NE 190 STREET, 2614	<input checked="" type="checkbox"/> Add
		AVENTURA, FLORIDA 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SHAI YAARI	3330 NE 190 STREET, #2614	<input checked="" type="checkbox"/> Add
		AVENTURA, FLORIDA 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	URI REDLER	3470 E. COAST AVENUE, #2205	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33137	<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

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E. Effective date, if other than the date of filing: October 20, 2015 (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 October 17, 2015.



Signature of a member or authorized representative of a member

DORON BROMAN

Typed or printed name of signee

Page 3 of 3 Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA