

L500009190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

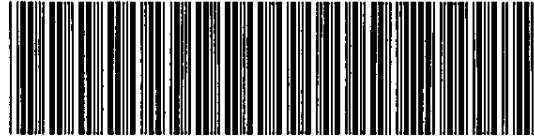
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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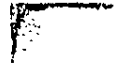
Office Use Only



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01/22/16--01024--014 **35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FEB 12 2016
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2016

ELIZABETH MALDONODO
6611 NE 21ST LANE
FT LAUDERDALE, FL 33308

SUBJECT: PARTNERS DCI, LLC
Ref. Number: L15000009190

We have received your document for PARTNERS DCI, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 316A00001694

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TALLAHASSEE, FLORIDA



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TALLAHASSEE, FLORIDA

February 5, 2016

Sheila H. Young
Regulatory Specialist
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

Dear Ms. Young,

Thank you for your correspondence dated January 26th and enclosing the proper forms to amend the managing person at Partners DCI, LLC.

Enclosed please find copy of your cover letter and completed forms. Should you need additional information, please do not hesitate to contact me via email at liza@partnersdci.com or phone at 954-804-1815.

Sincerely,

Elizabeth Maldonado

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Partners DCF, 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:

Elizabeth M. Maldonado
Name of Person

Partners DCF, LLC
Firm/Company

6611 NE 51st LN
Address

Ft. Lauderdale, FL 33308
City/State and Zip Code

Liza@Partnersdcf.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Elizabeth Maldonado at (954) 804-1815
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: - see copy of letter. \$35 filing fee already

- ☐ \$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)
- Submitted.

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**

Partners DCI, 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 01/15/15 and assigned Florida document number L15000009190.

This amendment is submitted to amend the following:

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

- N/A -

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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

- N/A -

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.

- N/A -

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	Elizabeth Maldonado	6611 NE 21st LN	<input checked="" type="checkbox"/> Add
		Ft. Lauderdale, FL	<input type="checkbox"/> Remove
		33308	<input type="checkbox"/> Change
MGR	Liza Maldonado	6611 NE 51st LN	<input type="checkbox"/> Add
		Ft. Lauderdale, FL	<input checked="" type="checkbox"/> Remove
		33308	<input type="checkbox"/> Change
/	N/A	N/A	<input type="checkbox"/> Add
		/	<input type="checkbox"/> Remove
		/	<input type="checkbox"/> Change
/	N/A	N/A	<input type="checkbox"/> Add
		/	<input type="checkbox"/> Remove
		/	<input type="checkbox"/> Change
/	N/A	N/A	<input type="checkbox"/> Add
		/	<input type="checkbox"/> Remove
		/	<input type="checkbox"/> Change
/	N/A	N/A	<input type="checkbox"/> Add
		/	<input type="checkbox"/> Remove
		/	<input type="checkbox"/> Change

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

- N/A -

[A large diagonal line is drawn across the remaining lines of this section.]

E. 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)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated February 5, 2016.

[Signature]

Signature of a member or authorized representative of a member

Elizabeth M. (Liza) Haldenard

Typed or printed name of signee

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DEPARTMENT OF STATE
CLERK OF COURTS