

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L15000032115

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.

(((H16000157061 3)))



H160001570613ABC

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 : SMART TAX
 Account Number : I20090000034
 Phone : (954)782-3610
 Fax Number : (954)366-3239

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

Email Address: _____

FILED
 16 JUN 28 AM 9:25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DSL PRACTICAL WAY LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

2016 JUN 28 AM 2:54
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

111 H1600015 1000 3000

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DSL PRACTICAL WAY 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:

DOMINIC OLAF LIPSI

Name of Person

DSL PRACTICAL WAY LLC

Firm/Company

5463 LYONS RD, SUITE H

Address

COCONUT CREEK, FL 33073

City/State and Zip Code

FERNANDA@THESMARTTAX.COM

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

FILED
16 JUN 28 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

FERNANDA LOLA

954
at ()

782 3610

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

(((H16 000157061 5111

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

FILED
JUN 28 AM 9:26
16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter new principal offices address, if applicable:

FILED
28 AM 9:26
FBI - ST. LOUIS
ST. LOUIS, MO
FBI - ST. LOUIS

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent: DOMINIC OLAF LIPSI

New Registered Office Address: 5463 LYONS RD, SUITE H

Enter Florida street address

COCONUT CREEK, Florida 33073

Cin

Zip Code

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.

Blomberg
If Changing Registered Agent, Signature of New Registered Agent

(((H160001570615)))

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	MARCELO CAMOCARDI	5463 LYONS RD - SUITE H	<input type="checkbox"/> Add
		COCONUT CREEK, FL 33073	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PROELO DE SERVICOS E	RUA ANTONIO DAS CHAGAS 748	<input type="checkbox"/> Add
	COMERCIO LTDA CPP	SAO PAULO, SP 04.714.001 XX	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DOMINIC OLAF LIPSI	5463 LYONS RD SUITE H	<input checked="" type="checkbox"/> Add
		COCONUT CREEK, FL 33073	<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

FILED
JUN 28 AM 10:26
TALLAHASSEE FLORIDA
SECRETARY OF STATE

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

FILED
JUN 28 AM 9:26
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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.

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

Dated JUNE, 16

2016

Signature of a member or authorized representative of a member

Dominic OAE Lipsi
Typed or printed name of signer