

L16000127157

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

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Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NEW DIMENSIONS INVESTMENT, LLC**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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COVER LETTER

HI 6000 202524

TO: Registration Section
Division of Corporations

SUBJECT: New Dimension Investment, 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:

Juan C. Zuniga

Name of Person

New Dimension Investment, LLC.

Firm/Company

11501 Lakeside Dr. #6209

Address

Miami, Fl. 33178

City/State and Zip Code

jz@sioncorp.us

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

For further information concerning this matter, please call:

Juan C. Zuniga

Name of Person

at (954) 826-6161

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
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(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**

New Dimension Investment, 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 07/11/2016 and assigned
Florida document number L16000127157.

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:

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

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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>
MGR	Valerie Kaitazoff	11501 Lakeside Dr. #6209 Miami, Fl. 33178	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
AMBR	Valerie Kaitazoff Thompson	11501 Lakeside Dr. #6209 Miami, Fl. 33178	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
AMBR	Juan C. Zuniga	11501 Lakeside Dr. #6209 Miami, Fl. 33178	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGR	Juan C. Zuniga	11501 Lakeside Dr. #6209 Miami, Fl. 33178	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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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 August 16, 2016



Signature of a member or authorized representative of a member

Juan C. Zuniga

Typed or printed name of signee

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Filing Fee: \$25.00

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