

L160000156380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

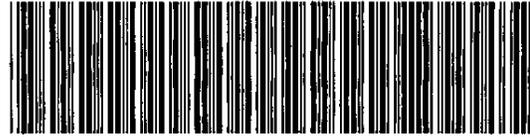
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/26/16--01039--016 **30.00

FILED
2016 SEP 26 AM 11:00
TALLAHASSEE, FLORIDA

FILED
2016 OCT 17 P 3:44
TALLAHASSEE, FLORIDA

D. BRUCE
OCT 18 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2017 OCT 14 AM 10:32

TALLAHASSEE FLORIDA

September 27, 2016

ALINA DEL CARMEN DOMINGUEZ BARISONTE
415 W SUGARLAND CIR
CLEWISTON, FL 33440

SUBJECT: DANCIR COMPANY LLC
Ref. Number: L16000156380

We have received your document for DANCIR COMPANY LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 816A00020744

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TALLAHASSEE FLORIDA

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

DANCIR COMPANY LLC

SUBJECT: _____
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:

Alina del Carmen Domínguez Barisonte

Name of Person

Firm/Company

415 W Sugarland Cir

Address

Clewiston, Florida 33440

City/State and Zip Code

dancircompany@gmail.com

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

For further information concerning this matter, please call:

Alina del Carmen Domínguez Barisonte

786 641-2553

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

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2016 OCT 17 P 3:44
TALLAHASSEE FLORIDA

**TO
ARTICLES OF ORGANIZATION
OF**

DANCIR COMPANY 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 08/22/2016 and assigned
Florida document number L16000156380

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:

Alina del Carmen Domínguez Barisone

New Registered Office Address:

415 W Sugarland Cir

Enter Florida street address

Clewiston

Florida

City

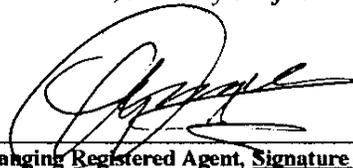
33440

Zip Code

FILED
OCT 17 3 11
CLERK OF DISTRICT COURT
NASSAU COUNTY FLORIDA

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**

or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Change |
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2016 OCT 17 P 3:44
STATE POLICE
DATE/TIME/PER/FED/NO

