

L160000166707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

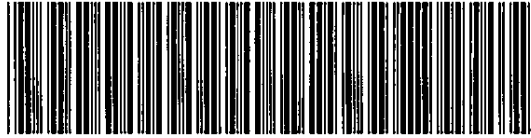
(Business Entity Name)

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TALLAHASSEE, FLORIDA

S Warren

DEC 06 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DMD DREAM HOLDINGS, 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:

Fabienne Ulysse
Name of Person
The Florida Healthcare Law Firm
Firm/Company
909 S.E. 5th Ave, Suite 200
Address
Delray Beach, FL 33483
City/State and Zip Code
Fabienne@Floridahealthcarelawfirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fabienne Ulysse at (561) 455-7700
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

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 | Danjela Findrilakis | 3225 NW 68th Avenue | <input type="checkbox"/> Add |
| | | Margate, FL 33063 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Stelios Findrilakis | 3225 NW 68th Avenue | <input checked="" type="checkbox"/> Add |
| | | Margate, FL 33063 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

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 11/29/2016

[Handwritten Signature]

Signature of a member or authorized representative of a member

Stelios Fintzikis

Typed or printed name of signee

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[Handwritten initials]