

U18000070474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

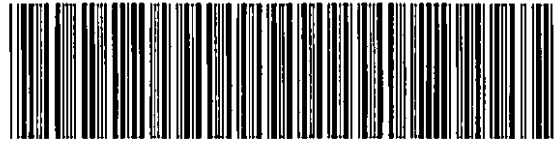
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W18-76576 Sign

Office Use Only



600316999986

08/15/18--01022--022 **30.00

FILED
18 SEP -5 AM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K SALY
SEP 11 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 23, 2018

DORMAG ATM DISTRIBUTOR
GREGORY DOREMA
3341 NW 47TH TER, BLDG 1, APT. 106
LAUDERDALE LAKES, FL 33319

SUBJECT: DORMAG ATM DISTRIBUTOR LLC
Ref. Number: L18000070474

RECEIVED
2018 SEP -5 AM 11:41

We have received your document for DORMAG ATM DISTRIBUTOR 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):

The registered agent must sign accepting the designation.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 818A00017526

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DORMAG ATM DISTRIBUTOR LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DOREMA, GREGORY

Name of Person

DORMAG ATM DISTRIBUTOR LLC

Firm/Company

3341 NW 47TH TERBLDG 1 APT 106

Address

LAUDERDALE LAKES

City/State and Zip Code

FL 33319

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

For further information concerning this matter, please call:

GREGORY DOREMA

754

7155873

Name of Person

at (_____) _____

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DORMAG ATM DISTRIBUTOR LLC

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

FILED
18 SEP -5 AM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/19/2018 and assigned
Florida document number L18000070474.

This amendment is submitted to amend the following:

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

DORMAG AFFORDABLE HOME LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3341 NW 47TH TERBLDG 1 APT 106

LAUDERDALE LAKES, FL 33319

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3341 NW 47TH TERBLDG 1 APT 106

LAUDERDALE LAKES, FL 33319

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:

Gregory Dorema

New Registered Office Address:

3341 NW 47TH TERBLDG 1 APT 106

Enter Florida street address

LAUDERDALE LAKES


Florida 33319

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

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	Gregory Dorema	3341 NW 47TH TERBLDG 1 AF	<input checked="" type="checkbox"/> Add
		LAUDERDALE LAKES, FL 3331	<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
			<input type="checkbox"/> Add
			<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
18 SEP -5 AM 2:50
STATE OF FLORIDA
TALLAHASSEE

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

FILED
18 SEP -5 AM 2:50
STATE
SECURITY DIVISION
TALLAHASSEE, FLORIDA

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 8 - 30 - 18 .

Signature of a member or authorized representative of a member

gregory dorema

Typed or printed name of signee