

L180000084940

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : INC SOLUTIONS LLC
Account Number : I20190000050
Phone : (888)406-7602
Fax Number : (305)925-1124

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

Email Address: SUNBIZ@INC.SOLUTIONS

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DEMA STORE LLC

Certificate of Status	0
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2021 JUL -1 PM 1:02

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Corporate Filing Menu

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BB 7/2/21

COVER LETTER

((H21000256382 3)))

**TO: Registration Section
Division of Corporations**

SUBJECT: DEMA STORE 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:

DIECSON VILARINO

Name of Person

INC SOLUTIONS, LLC

Firm/Company

28 W FLAGLER ST, STE 300B

Address

MIAMI, FL 33130

City/State and Zip Code

SUNBIZ@INC.SOLUTIONS

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

2021 JUL -1 PM 12:54
SEC STATE OF FLORIDA
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DIECSON VILARINO

888 406-7602
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DEMA STORE 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 04/04/2018 and assigned
Florida document number L18000084940

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:

4747 N Nob Hill Rd, SUITE #6

(Principal office address MUST BE A STREET ADDRESS)

Sunrise, FL 33351

Enter new mailing address, if applicable:

4747 N Nob Hill Rd, SUITE #6

(Mailing address MAY BE A POST OFFICE BOX)

Sunrise, FL 33351

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

City

Florida

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 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>
AMBR	ANDRESSA ELY	15791 N WIND CIR	<input type="checkbox"/> Add
		SUNRISE, FL 33326	<input checked="" 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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

2021 JUN 11 PM 12:54
 STATE OF NEW YORK
 DEPARTMENT 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.

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 JUNE 11 2021

Maykel Barlavento

Signature of a member or authorized representative of a member

MAYKEL BARLAVENTO

Typed or printed name of signer