



Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : SIMPLY ROYALTY ACCOUNTING & TAX SERVICES
Account Number : 120240000096
Phone : (305)742-2298
Fax Number : (305)742-2299

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DTMS LLC

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: DTMS 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:

SUSANA DEL VALLE

Name of Person

DTMS LLC

Firm/Company

11900 BISCAYNE BLVD STE 443

Address

NORTH MIAMI FL 33181

City/State and Zip Code

administracion@dotamos.com.co

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

For further information concerning this matter, please call:

SUSANA DEL VALLE

786 503 2907
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 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

DTMS 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 _____ and assigned Florida document number L19000060116

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:

11900 BISCAYNE BLVD STE 443

(Principal office address MUST BE A STREET ADDRESS)

NORTH MIAMI FL 33181

Enter new mailing address, if applicable:

11900 BISCAYNE BLVD STE 443

(Mailing address MAY BE A POST OFFICE BOX)

NORTH MIAMI FL 33181

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:

SUSANA DEL VALLE

New Registered Office Address:

11900 BISCAYNE BLVD STE 443

Enter Florida street address

NORTH MIAMI

City

Florida

33181

Zip Code

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NOT OF STATE

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.

Susana del V

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SUSANA DEL VALLE	11900 BISCAYNE BLVD STE 443	<input type="checkbox"/> Add
		NORTH MIAMI FL 33181	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	JUAN L JARAMILLO JARAMILI	11900 BISCAYNE BLVD STE 443	<input type="checkbox"/> Add
		NORTH MIAMI FL 33181	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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[illegible]

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 AUGUST 7 2024

Susana del U

Signature of a member or authorized representative of a member

SUSANA DEL VALLE

Typed or printed name of signee

24 000 26 7890 3

Filing Fee: \$25.00