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COVER LETTER

	Divisi	on of Corp	porations			
SUBJ	ECT:	imelo Nov	v LLC			
			Name of Lim	ited Liability Company		•
The er	nclosed A	articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please	return al	1 correspon	idence concerning this matter	to the following:		
			Anthony DeCario			
				Name of Person		
			Dimelo Now LLC			
Firm/Company						
			7245 SW 138th Ave			
				Address	<u> </u>	_
Miami, FL 33183						
			City/State and Zip Code			
			dimelollc@gmail.com			
			E-mail address: (1	to be used for future annual re	port notification)	•
For fu	rther info	rmation co	ncerning this matter, please ca	all:		
Antho	ony DeCa	rio		305 582-	0094	
		Name of	Person	Area Code	Daytime Telephone Numb	er
Enclos	sed is a cl	neck for the	: following amount:			
\$2	25.00 Filii	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certific	Filing Fee, cate of Status & ed Copy all copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

DIMELO NOW, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number	pany were filed on March 28, 2019	and assigned
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 t	
Enter new principal offices address, if applicable:		APR 2
(Principal office address MUST BE A STREET ADDRES:	<u> </u>	29 A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		STATE STATE A PLORIDA
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	· •	nter the name of the ne
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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>	Type of Action
AMR	Pedro Silva	9345 SW 17 Street, Miami, FL 33165	
			□ Remove
			☐ Change
			□ Remove
			Change
<u></u>		***************************************	Add
			Remove AHASA Change
			STATE Change L Change
			□ Change
			□ Remove
			Change
		 	□ Remove
			☐ Change

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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or mo lote: If the date inserted in this block does not meet the applicable statutory filing locument's effective date on the Department of State's records.	(optional) re than 90 days after filing.) Pursuant to 605.0207 requirements, this date will not be listed as
e record specifies a delayed effective date, but not an effective till. The 90th day after the record is filed.	me, at 12:01 a.m. on the earlier of
Pated April 25th 2019	

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Typed or printed name of signee

Filing Fee: \$25.00