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(Re	equestor's Name)	
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R. WHITE FEB 03 2020



January 16, 2020

CLAVIBEL SALQUEIVO ORTEGA 14625 SW 56TH TERR MIAMI, FL 33183

SUBJECT: DIMA REMODELING EXPERTS LLC

Ref. Number: L19000257703

We have received your document for DIMA REMODELING EXPERTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

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) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 920A00001326

COVER LETTER

TO: Registration Section Division of Corporations	
Di Ma Remodel	ling Experts Le
SUBJECT: Name of Lim	ited Liability Company
The enclosed Articles of Amendment and fee(s) are sub	emitted for filing.
Please return all correspondence concerning this matter	to the following:
Clavibel	Salqueiro Ortege
Di Ma Re	Name of Person Modeling Experts (CC Firm/Company
14625 SW 5	6 th tenace
Miami Fl	33183
MUNOZS & 6	23183 City/State and Zip Code Hot mail - Com (to be used for future annual report notification)
For further information concerning this matter, please of	rall:
Clavibel Salgrein Ortes	Area Code, 723 3249 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 & □ \$60.00 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	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

			0.	20.	23 1111 01	511.15
	DiMa	Remodeling	Experts	LLC		PM 12: 19
,	(<u>N</u>	ame of the Limited Liabilit?	Company as it now a imited Liability Comp	appears on our rec	ords.)	
		(// / Widu t	mined massing comp	برا براد	a	
he Articles o	f Organization for	this Limited Liability Cor	npany were filed o	on <u>10 14 1</u>	9	and assigned
łorida docum	nent number <u>L</u> [°	1000257703		·		
his amendme	ent is submitted to	amend the following:				
A. If amendi	ng name, <u>enter th</u>	e new name of the limite	d liability compa	ny here:		
The new name m	ust be distinguishable	and contain the words "Limite	d Liability Company.	" the designation "l	.l.C" or the abl	oreviation "L.L.C."
Enter new pr	incipal offices add	iress, if applicable:				
Principal off	ice address MUST	BE A STREET ADDRE	<u></u>	<u> </u>		
					· · · · · · · · · · · · · · · · · · ·	
Enter new ma	ailing address, if a	applicable:				
Mailing addr	ess MAY BE A Po	OST OFFICE BOX)				
				<u> </u>	<u> </u>	<u></u>
B. If amendi agent and/or	ng the registered the new registere	agent and/or registered (<u>d office address here</u> :	office address on	our records, <u>en</u>	ter the <u>nam</u>	e of the new registere
<u>Nam</u>	ne of New Register	ed Agent:	-	<u> </u>		
<u>New</u>	· Registered Office	Address:			 -	
-3.			En	ter Florida street ad	dress	
					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>	Address	Type of Action
Maiager_	Clavibel Salqueiro Ortega	14675 SW 56th Terr	(t /\dd
V	,	14625 Sw 56th Terr Miani, FL 33183	□Remove
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ຫ effic ote:	ve date, if other than the date of filing:
ecoro is fil	I 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 ed.
ited .	January 27th 2020
	Signature of a member or authorized representative of a member Clavibel Salgriw Ortega Typed or printed name of signee

Filing Fee: \$25.00