

L20000 166 974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

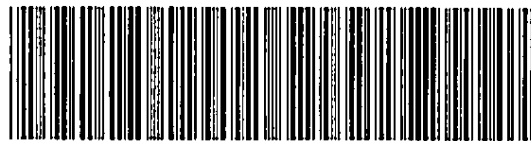
(Business Entity Name)

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SEP 11 2020
S. YOUNG

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2020 JUL 23 AM 7:12
FACILITY OF STATE
CLERK OF COURT
MILWAUKEE, FLORIDA

LAW OFFICES
SULLIVAN, ADMIRE & SULLIVAN
PROFESSIONAL ASSOCIATION
2555 PONCE DE LEON BOULEVARD, SUITE 320
CORAL GABLES, FLORIDA 33134-6033

JOHN C. SULLIVAN (1890-1957)
JACK G. ADMIRE (1927-2015)
JOHN C. SULLIVAN JR. (1932-2017)
JOHN G. ADMIRE
ROBERT O. ADMIRE (1961-2006)

CHRISTOPHER PAPA

AREA CODE 305
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July 22, 2020

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

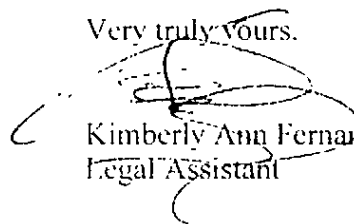
RE: Amendment to DHARMA7 LLC, a Florida limited liability company

Dear Sir/Madam:

Enclosed please find Cover Letter, Article of Amendment to Articles of Organization of DHARMA7 LLC, a Florida limited liability company and check no. 34571 payable to Florida Department of State in the amount of \$30.00 with regards to amending Managers of the LLC and providing Certificate of Status. Once this has been completed, please return to my attention in the in the Federal Express envelope enclosed the letter of acknowledgment and Certificate of Status.

Should you have any question, please give me a call at 303-323-4562.

Very truly yours,



Kimberly Ann Fernandez
Legal Assistant

enclosure

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DHARMA7 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:

Kimberly Ann Fernandez, Legal Assistant

Name of Person

Sullivan, Admire & Sullivan, P.A.

Firm/Company

2555 Ponce de Leon Boulevard, Suite 320

Address

Coral Gables, FL 33134

City/State and Zip Code

kim.fernandez@sullivanadmire.com

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

For further information concerning this matter, please call:

Kimberly Ann Fernandez

305 323-4562
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

DHARMA7 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 June 16, 2020

Florida document number L20000166974

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

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

FILED
2020 JUL 23 AM 7:12
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

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	Diego Pineiro	9200 NE 6 Avenue, Miami Shores, FL 33138	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Luca Pineiro	9200 NE 6 Avenue, Miami Shores, FL 33138	<input type="checkbox"/> Add
			<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
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Dated July 21, 2020

Ans

Andrea Trowers, Sole Member

Typed or printed name of signee

Filing Fee: \$25.00