

LZ0 000 177055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

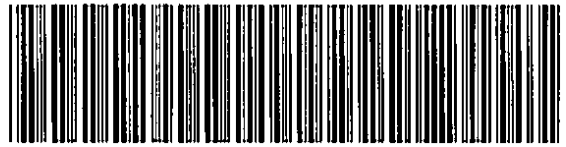
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 AUG 17 PM 6:37

OCT 02 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Decimal By Dali 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:

Daliana Santos
Name of Person

Decimal By Dali LLC
Firm/Company

14245 SW 57th LN #8
Address

Miami, FL 33183
City/State and Zip Code

daliana08@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daliana Santos at (786) 925-8429
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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

Decimal By Dall ^{21 AUG 1963} LEC: 37

The Articles of Organization for this Limited Liability Company were filed on 10/24/2020 and assigned Florida document number L2 0000177055

$$\frac{2}{17}$$

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>	<u>Type of Action</u>
MGR	Daliana Santos	14245 SW 57th LN #8	<input checked="" type="checkbox"/> Add
		Miami, FL 33183	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Daliana Santos	14245 SW 57th LN	<input checked="" type="checkbox"/> Add
		#8, Miami FL 33183	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

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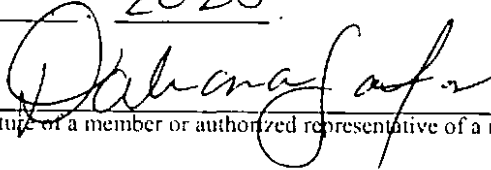
E. Effective date, if other than the date of filing: _____ (optional)

(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 8/10 2020



Signature of a member or authorized representative of a member

Daliana Santos

Typed or printed name of signee