

L2000158935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

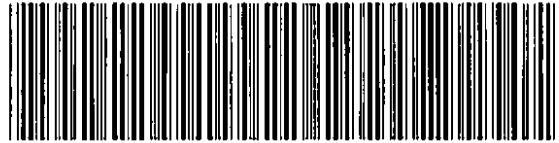
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

2022 MAY -2 AM 8:27

FILED

05/02/22--01039--014 **25.00

Division of Corporations
TALLAHASSEE, FLORIDA

2022 MAY -2 PM 2:22

RECEIVED

A. BUTLER

MAY - 3 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DME SOLUTIONS 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:

MARIA FRANCISCO

Name of Person

DME SOLUTIONS LLC

Firm/Company

2100 SE HILLMOOR DR. SUITE 204-A

Address

PORT ST LUCIE, FL 34952

City/State and Zip Code

mefrancisco85@gmail.com

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

For further information concerning this matter, please call:

MARIA FRANCISCO

561 523-3124
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

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	MARIA E MIGUEL FRANCISCO	2100 SE HILLMOOR DR, SUITE 204-A	<input type="checkbox"/> Add
		PORT ST LUCIE, FL 34952	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

F. 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 April 29, 2022


Signature of a member or authorized representative

Signature of a member or authorized representative of a member

MARIA FRANCISCO

Typed or printed name of signee