

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (954)791-2100
Fax Number : (954)583-4117

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FAB4 SOFTWARE SOLUTIONS L.L.C.**

Certificate of Status		0
Certified Copy		0
Page Count		04
Estimated Charge		\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

SULKER

JAN 23 2020



January 21, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FAB4 SOFTWARE SOLUTIONS L.L.C.
13636 BUDWORTH CIRCLE
ORLANDO, FL 32832US

SUBJECT: FAB4 SOFTWARE SOLUTIONS L.L.C.
REF: M19000007382

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Since you want to change your jurisdiction to Florida you need to file conversion form. The name of this form is "Other business entity into Florida LLC"

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.

Yasemin Y Sulker
Regulatory Specialist III

FAX Aud. #: H20000007704
Letter Number: 320A00001440

*Just want to register the
Amended Name of LC
Not Change Jurisdiction*

H20000007704

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fab4 Software Solutions L.L.C.

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel Felling

Name of Person

Firm/Company

13636 Budworth Circle

Address

Orlando, FL 32832

City/State and Zip Code

danielfelling@gmail.com

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

For further information concerning this matter, please call:

Daniel Felling

at (507)

302-9165

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

H20000007704

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Fab4 Software Solutions L.L.C.

Enter new principal office 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

2. The Florida document number of this limited liability company is: M19000007382

3. Jurisdiction of its organization: Formed originally in Michigan, USA

4. Date authorized to do business in Florida: 7/29/19

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Dime Medical Artistry LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

City Florida 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 JUN 22 AM 11:23

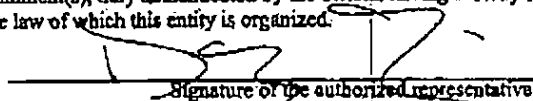
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

~~State of Florida is new location of the LLC, Florida is new jurisdiction~~

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Daniel Felling
Typed or printed name of signer

Filing Fee: \$25.00

Filed by Corporations Division Administrator Filing Number: 202026888550 Date: 01/15/2020

LARA Corporations
Online Filing System
Department of Licensing and Regulatory Affairs

Form Revision Date 07/2016

CERTIFICATE OF AMENDMENT TO THE ARTICLES OF ORGANIZATION

For use by DOMESTIC LIMITED LIABILITY COMPANY

Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned executes the following Certificate of Amendment:

The identification number assigned by the Bureau is:

801835670

The name of the limited liability company is:

FAB4 SOFTWARE SOLUTIONS
L.L.C.

The date of filing the original Articles of Organization was:

7/10/2015

Complete only those articles being amended.

Article I

The name of the limited liability company as amended, is:

DIME MEDICAL ARTISTRY LLC

Article II

The purpose or purposes for which the limited liability company is formed for:

The purpose of the LLC will remain medical software support, as has been the case since its origination in 2015. The company will not engage in or contract with others to provide the practice of medicine.

Effective Date: 01/15/2020

The amendment was approved by unanimous vote of all the members entitled to vote.

This document must be signed by a member, manager, or an authorized agent:

Signed this 15th Day of January, 2020 by:

Signature	Title	Title if "Other" was selected
Daniel Felling	Member	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

☐ Decline ☒ Accept

H20000007704

Filed by Corporations Division Administrator Filing Number: 202026888550 Date: 01/15/2020

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

FILING ENDORSEMENT

This is to Certify that the CERTIFICATE OF AMENDMENT TO THE ARTICLES OF ORGANIZATION

for

DIME MEDICAL ARTISTRY LLC

ID Number: 801835670

received by electronic transmission on January 15, 2020 ***, is hereby endorsed.***

Filed on January 15, 2020 ***, by the Administrator.***

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



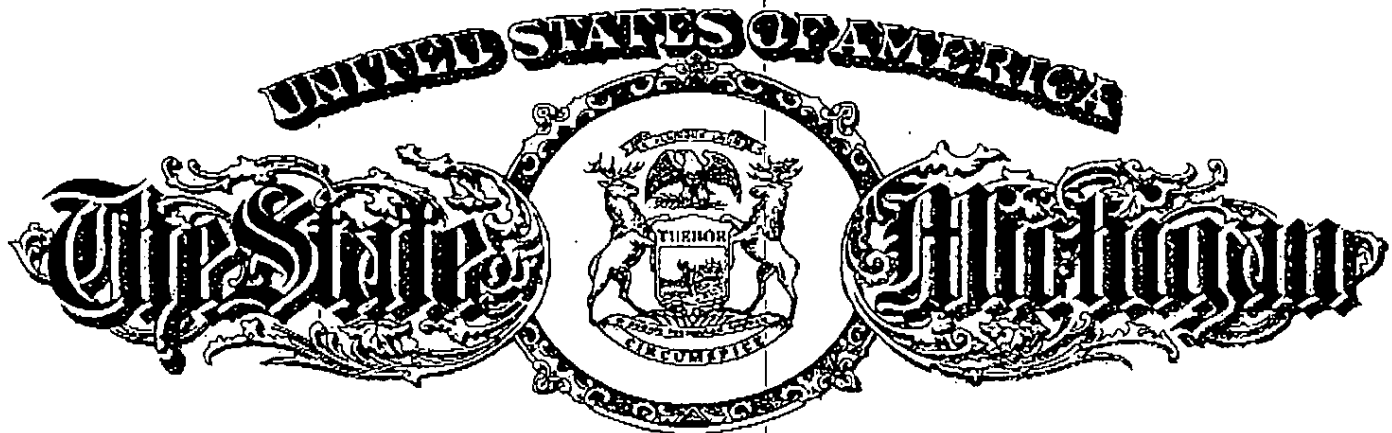
In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, In the City of Lansing, this 15th day of January, 2020.

Linda Clegg

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau

H20000007704



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That
DIME MEDICAL ARTISTRY LLC

*was validly authorized on July 10, 2015, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY,
and said limited liability company is validly in existence under the laws of this state and has satisfied its
annual filing obligations.*

*This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is
in good standing in Michigan as of this date.*

*This certificate is, in due form, made by me as the proper officer, and is entitled to have full faith and credit
given it in every court and office within the United States.*



Sent by electronic transmission

Certificate Number: 20017964870

*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 15th day of January, 2020.*

Linda Clegg

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau

Verify this certificate at: URL to eCertificate Verification Search <http://www.michigan.gov/corpverifycertificate>.