116000085177

(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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DIVISION OF COMPORMICKS

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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 11, 2016

DAN PAUL MEDREA 7980 HAWTHORNE AVE MIAMI BCH, FL 33141

SUBJECT: ENTROPY GLOBAL HOLDING LLC

Ref. Number: L16000085177

We have received your document for ENTROPY GLOBAL HOLDING 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 registered agent must sign accepting the designation.

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) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 316A00021904

COVER LETTER

TO:	Registration Sec Division of Corp			
		GLOBAL HOLDING LLC		
SUBJE	ECT:	Name of Limi	ited Liability Company	
		Amendment and fee(s) are sub-	_	
	·	DAN PAUL MEDREA	ū	
			Name of Person	
		ENTROPY GLOBAL HOI	LDING LLC	
			Firm/Company	
		7980 HAWTHORNE AVE	NUE	
			Address	
		MIAMI BEACH, FL 3314	1	
			City/State and Zip Code	
		dan@egiapp.com	to be used for future annual report notifica	v:
			•	mon)
For fur	ther information co	oncerning this matter, please ca	all:	
DAN I	PAUL MEDREA		786 304 3931	
	Name of	Person	Area Code Daytime To	elephone Number
Enclose	ed is a check for th	e following amount:		
☑ \$2:	5.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENTROPY GLOBAL HOLDING	LLC				
(Name of the Limi	ited Liability Company (A Florida Limited Lia	as it now appears or bility Company)	our records.)		
The Articles of Organization for this Limited L Florida document number	Liability Company w	ere filed on	2016	and assigned	
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liabilit	ty company here:			
N/A				<u> </u>	
The new name must be distinguishable and contain the	words "Limited Liability	Company," the desig	nation "LLC" or the abbrev	iaggn "L.L.C."	——————————————————————————————————————
Enter new principal offices address, if appli	cable:	N/A		OCT 2	**************************************
(Principal office address MUST BE A STREE	ET ADDRESS)			_8	<u> </u>
	-			PH 12:	
Enter new mailing address, if applicable:	-	N/A			_
(Mailing address MAY BE A POST OFFICE	(BOX)				_
B. If amending the registered agent and registered agent and/or the new registered of		ce address on ou	ır records, <u>enter the</u>	: nie G. the	new
Name of New Registered Agent:	DAN PAUL MED	DREA			
New Registered Office Address: 7980 HAWTHORNE AVENUE		RNE AVENUE			
		Enter Florida	street address		
	MIAMI BEACH		, Florida 33140		
		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
AMBR	LENGHEA, MONA	6100 SW 56 COURT	□ Add
		DAVIE, FL 33314	
			Change
AMBR	MEDREA, DAN PAUL	2642 COLLINS AVENUE, #201	□ Add
		MIAMI BEACH, FL 33140	□ Remove
			☑ Change
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	10/01/2016	
ctiv	re date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu	ant to 605 02
<u>e:</u> ì	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not's effective date on the Department of State's records.	ot be listed
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the day after the record is filed.	e earlier
l ed	0/03/2016	
-u _	·	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee