L03000037799

(R	equestor's Name)	
(A	ddress)	
(Ac	ddress)	
(C	ity/State/Zip/Phone	:#)
(0)	,. <u></u>	,
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	ne)
·	•	•
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000253637890

11/08/13--01010--015 **30.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7113 NOV -8 PM 3:

1:09 1 2 2013 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Prodigy International Development Sales
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Padrigo Nino Name of Person
Prodigy International Development sales LLC
1450 Brickell Ave, STE 2560
City/State and Zip Code L Chin Chay & Prodigy Network. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ASh Hey Hernan aleta 315 379-4424 EXT 836 Nime of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compar (A Florida Limited L	y as it new appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $10/29/13$ and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi	SECRETARY CALLATIAS SEE
The new name must be distinguishable and end with the words "Limit"L.L.C."	ted Liability Company," the designation "LLC" or the abbleviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1450 BrickellAve STE 2560 Miami, FL 33131
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1450 Brickell Ave STE 2560 Migmi, FL 33131
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent: New Registered Office Address: Michigan Agent:	Brickel Ane STE 2560 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address T	vpe of Action
			Add
			Remove
			Add
			Remove
<u> </u>			Add
		TALLAHASSEE, FLORIDA	Add Remaye PH 3: 31 Add
		SEEFF	B PH (
		ORDAN DA	Add
			Remove
			Add
			Remove
			Add
			Remove

f amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
 	
d_OC	tober 29 2013
-	Signature of a member or authorized representative of a member
	Ratiqu Vino
-	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 NOV -8 PM 3: 37
SECRETARY OF STATE