Division of Corporations Division of Corporations Public Access System

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Division of Corporations

: (850)617-6383

From:

Account Name : ABALLI MILNE KALIL, P.A.

Account Number: 073123001732 : (305)373-6600 Phone Fax Number : (305)373-7929

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

DIPRODOS, LLC

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C. LEWIS SEP 1 0 2009

EXAMINER

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Sep 09 09 03:52p

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2009 SEP -9 AM 8: 47

(H09000197060F3)TATE
TALLAHASSEE.FLORID

	TALLAIM			
/Nome of the 15-ited 11:	DIPRODOS, LLC ability Company as it now appeared Limited Liability Company)			
(A Flo	orida Limited Liability Company)	irs on our records.)		
The Articles of Organization for this Limited Liabi	litz Company were filed on	07/07/2009	and assigned	
	· · · · · · · · · · · · · · · · · · ·	0770172000	and assigned	
Florida document number L090006531	<u>4</u> .	`		
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of th	e limited liability company he	re:		
The new name must be distinguishable and end with the	ne words "Limited Liability Comp	any " the designation "I	I C" or the abbreviation	
"L.L.C."	to words Emmod Challing Comp	any, are designation.	of the decrevation	
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	(DDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	(X)			
	 			
				
B. If amending the registered agent and/or		our records, enter t	he name of the new	
registered agent and/or the new registered office	e address here:			
Name of New Registered Agent:				
New Registered Office Address:				
	E	Enter Florida street address		
_		, Florida		
	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 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		(H09000197660 3)	
<u>Title</u>	Name	Address	Type of Action
MGR	AMKE Registered Agents LLC	One SE 3rd Avenue, Suite 2250 Miami, Fl. 33131	Add ☐ Remove
MGR	Maria Cristina Tellado Benvenuti	One SE 3rd Avenue, Suite 2250 Miami, EL 33131	Add Remove
MGR	Rodolfo Benvenuti	One SE 3rd Avenue, Suite 2250 Miami, EL 33131	✓ Add Remove
MGR	Maria de Belen Benvenuti	One SE 3rd Avenue, Suite 2250 Miami, FL 33131	Add
<u>MGR</u>	Antonio Benvenuti	One SE 3rd Avenue Suite 2250 Miami EL 33131	✓ Add ——Remove
MGR	Maria Paola Benvenuti	One SE 3rd Avenue, Suite 2250 Miami, FL 33131	V∆dd Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary	,)
		3	FILI 2009 SEP -9 SÉCRITAR
Dated	Signature of a membe	r or authorized sepresentative of a member	A 8: 47 SEE. FLORID SEE. FLORID
		Agents, LLC., By. Arturo J. Aballi	5m -

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 = Мяпадег MGRM = Managing Mcmber		(H0900	00197660 3)
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Maria Gabriela Benvenuti	One SE 3rd Avenue, Suite 2250 Miami, EL 33131	Z Add Remove
			Add Remove
			Add Remove
			Add Remove
	,		Add Remove
· · · · · · · · · · · · · · · · · · ·	,		Add Remove
			FILED 2009 SEP-9 M 8: 47 SECRETARY OF STATE TALLAHASSEE. FLORID