LIOOODOALUGA

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
· (Cit	ry/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900258400359

04/03/14--01003--006 **25.00

2014 APR -2 AH 11: 41

APR 04 2014 D. BRUCE

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT:		OTIONS, LLC ited Liability Company			
	Amendment and fee(s) are sub-				
Please return all correspo	ndence concerning this matter	to the following:			
	Jorge	<u>Carmenate</u> Name of Person	<u> </u>		
	DADE	PROMOTIONS, Firm/Company	LIC_		
	634 W	Dest 31 Stree:	 , #1	2014	***
	Halea	h, FL 33012 City/State and Zip Code		APR -2	12.22.00 12.22.00 14.00 14.00.00 14.00.00 14.00.00 14.00.00 14.00.00 14.00.00 14.00.
	E-mail address: (t	302 @ gmail, o be used for future and ual report notifi	Com	mon A	in Francisco
For further information co	oncerning this matter, please ca	ıll:			***
Torge Name o	Carmenate	at (205) 781-	- 5306 Telephone Number	— — — — — — — — — — — — — — — — — — —	
Enclosed is a check for th	e 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 Certificate of Certified Co	of Status &	

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

Dade Promotions LU (Name of the Limited Linbility Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L10000 96699</u> .	ere filed on 12/19/2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
The new name must be distinguishable and end with the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	- 19/1/19/20/20/20/20/20/20/20/20/20/20/20/20/20/
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, enter the name of the new
Name of New Registered Agent:	To be
New Registered Office Address:	Enter Florida street address
	R P
<u></u>	City, Florida Zip Code Zip
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office ac- company has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Au	nthorized Member		
Title	<u>Name</u>	Address	Type of Action
MGRM	Jose Iglesias	634 West 31 Street.	FI XAdd
		Hialeah, FL 33012	Remove
			Add
			Remove
			
			Add
			□ Remove
			
			Remove
			PR -2
	· <u></u>		Remave
			□ Add
			□ Remove

	sheets, if necessary.)
	
. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be m the date this document is filed by the Florida Department of State)	(optional) ore than 90 days after
Dated <u>ADRII 15+</u> , <u>2014</u> .	
A	
Dated Q D R 11 15+ , 2014. Signature of a member or authorized representative of a	member

Page 3 of 3

Filing Fee: \$25.00

