LIIWODA8551

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

Office Use Only



700294000367

01/06/17--01021--011 **75.00

2017 JAN - 6 A 10: 17
SLORETARY OF CTATE
ALLAHASSEE, FLORIDA

D BRUCE JAN 0 9 2017



COVER LETTER

TO: Registration Se Division of Cor		·		
	O GROUP LLC			
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub			
	EDUARDO UGARTE			
		Name of Person		
	TAX EXPRESS USA, CO	RP		
		Firm/Company		
	9705 SW 132 CT			
		Address		
	MIAMI, FL 33186			
		City/State and Zip Code	7AL 931	
	LALOUGARTE@AOL.CO	DM to be used for future annual r	enort notification)	en-1
For further information c	oncerning this matter, please c		eport notification) ALLAHASSE ALLAHASSE	1
EDUARDO UGARTE		305 898	-3061 PC -	t"
Name o	f Person	Area Code	Daytime Telephone Number	3
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	≥ \$60.00 Filing Fee, Certificate of Status	: &

MAILING ADDRESS:

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

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DILUCIANO GROUP LLC		
(<u>Name of the Lin</u>	nited Liability Company as it now ap (A Florida Limited Liability Company)	pears on our records.) 1y)
The Articles of Organization for this Limited Florida document number L11000028551	Liability Company were filed on	03/08/2011 and assigned
his amendment is submitted to amend the fo	llowing:	
a. If amending name, enter the new name	of the limited liability company	y here:
he new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appl	icable:	
<u> Principal office address MUST BE A STRE</u>	ET ADDRESS)	
		F6 7 7
		AHASA AHASA
nter new mailing address, if applicable:		SSE C
<u>Mailing address MAY BE A POST OFFICI</u>	<u></u>	
. If amending the registered agent and egistered agent and/or the new registered of	d/or registered office address office address here:	on our records, enter the name of the
Name of New Registered Agent:	EDUARDO UGARTE	
New Registered Office Address:	9705 SW 132 CT	
	Enter	Florida street address
	MIAMI	, Florida FL 33186
	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, Senature of New Registered Agent

Page 1 of 3

ding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added emoved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	ANDREINA RANGEL	9705 SW 132 CT	⊞ Add
		MIAMI, FL 33186	☐ Remove
			Change
			□ Add
			Remove
			Change
	,		□ Add
			☐ Remove
			AR L T
			グラ 1 グデ C
			ORA D Change
			□ Add
			Remove
			□ Change
			D Add
			□ Remove
			☐ Change

AHE AND
AHE AND
AHE AND
ART
AHE AND
ART
AHE AND
ART
AHE AND
AHE AND
ART
ART
ART
ART
TASE OF A
<u> </u>
<u> </u>
OPE T

Page 3 of 3

Filing Fee: \$25.00