## L11000056648

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C. LEWIS

MAY 1 8 2011

EXAMINER

## **COVER LETTER**

TO: Registration Division of C			
SUBJECT:	ITSolutio	ns 4Dumyz, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
		Valdemiro Silva	
		Name of Person	
	1TS	Solutions 4Dumyz, LLC	
		Firm/Company	
		8607 NW 35th St	
		Address	
	Cc	oral Springs, FL 33065	
		City/State and Zip Code	
	itsoluf E-mail address: (1	tions4dumyz@gmail.com to be used for future annual report not	ification)
For further information	concerning this matter, please of	all:	·
Valdemiro Silva		at ( 561 )	389-6640 me Telephone Number
Name	of reison	Area Code & Daytii	ne Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$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

FILED

2011 MAY 107 PH 18: 58

ITSOLUTIO	ONS 4DUMYZ, LLC	E4	SECRETARY.OF S.FÅTE VLLAHASSEE FLORIDA
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears of mited Liability Company)	on our records.)	HERMINGSEL! LEWIDA
The Articles of Organization for this Limited Liability Co Florida document numberL11000056648	mpany were filed on	5/12/11	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Company	," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		
	-		
Enter new mailing address, if applicable:		, <del></del>	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addre		records, <u>enter</u>	the name of the new
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:			
	Enter	Enter Florida street address	
		, Florida _	·
	Citv		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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

'MGR'= Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Valdemiro Silva	8607 NW 35th St Coral Springs, FL 33065	✓ Add Remove
			Add Remove
			Add Remove
	<del> </del>		Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necess	eary.)
			2011 MAY II
Dated	May 13	2011	ARY OF STATE SSEEL FLORIDA
	Signature of a m	nember or authorized representative of a member	
		Valdemiro Silva	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00