# 111000108350

| (Re                     | equestor's Name)   | <del> </del> |
|-------------------------|--------------------|--------------|
| (Ác                     | ddress)            |              |
| (Ac                     | ddress)            |              |
| (Ci                     | ty/State/Zip/Phone | ÷ #)         |
| PICK-UP                 | ☐ WAIT             | MAIL         |
| (Bu                     | usiness Entity Nam | ne)          |
| (Do                     | ocument Number)    |              |
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# **COVER LETTER**

|                    | egistration Sec<br>vision of Corp |  |   |  |
|--------------------|-----------------------------------|--|---|--|
| ella le <i>c</i> r |                                   | LOUD 2 LLC                                   |   |  |
| SUBJECT            | :                                 | Name of Limi                                 | ited Liability Company  |  |
| The enclose        | ed Articles of A                  | Amendment and fee(s) are subt                | mitted for filing.  |  |
| Please retur       | n all correspor                   | ndence concerning this matter t              | to the following:   |  |
|                    |                                   | CLARA RIVADENEIRA                            |   |  |
|                    |                                   | <del></del>                                  | Name of Person  |  |
|                    |                                   | RIVADENEIRA AND ASS                          | SOCIATES INC  |  |
|                    |                                   |  | Firm/Company  |  |
|                    |                                   | 2742 SW 8 STREET SUIT                        | E 201-202   |  |
|                    |                                   |  | Address   | ·····  |
|                    |                                   | MIAMI FLORIDA 33135                          |   |  |
|                    |                                   |  | City/State and Zip Code   |  |
|                    |                                   | E-mail address: (t                           | o be used for future annual report notifica                         | ition)   |
| For further        | information co                    | oncerning this matter, please ca             | all:  |  |
| CLARA RI           | IVADENEIRA                        |  | 305 643 2248  |  |
| •                  | Name of                           | Person                                       | Area Code Daytime T   | elephone 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 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

| DAR AND LOUD 2 LLC  |  |   |
|---|--|---|
| ( <u>Name of the Limited Liability Comp</u><br>(A Florida Limited   | any as it now appears on our records.)<br>Liability Company) |   |
| The Articles of Organization for this Limited Liability Company Florida document number L11000108350                                  | y were filed on  | and assigned                            |
| his amendment is submitted to amend the following:  |  |   |
| A. If amending name, enter the new name of the limited lia  | bility company here:   |   |
| he new name must be distinguishable and contain the words "Limited Liab   | oility Company," the designation "LLC" of                    | or the abbreviation "L.L.C."            |
| Enter new principal offices address, if applicable:   |  |   |
| Principal office address MUST BE A STREET ADDRESS)  |  | (j) (O)                                 |
|   |  | • 50                                    |
|   |  | * · · · · · · · · · · · · · · · · · · · |
| Enter new mailing address, if applicable:   |  | 至                                       |
| Mailing address MAY BE A POST OFFICE BOX)   |  |   |
|   |  | 4 8                                     |
|   |  | .7·                                     |
| <ol> <li>If amending the registered agent and/or registered of egistered agent and/or the new registered office address he</li> </ol> |  | enter the name of the                   |
|   |  |   |
| Name of New Registered Agent:   |  |   |
| New Registered Office Address:  |  |   |
|   | Enter Florida street address                                 |   |
|   | , Flori  |   |
|   | 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, Signature of New Registered Agent

. If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>      | Address                   | Type of Action |
|--------------|------------------|---------------------------|----------------|
| MGR          | IRIS RODRIGUEZ R | 1107 NORTH F STREET LAKEW | <b>B</b> Add   |
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|   | 01/30/2018   |  |
| E. Effective date, if other than the (If an effective date is listed, the date mu:  Note: If the date inserted in this bidocument's effective date on the D | date of filing:  st be specific and cannot be prior to date of filing ock does not meet the applicable statutory f | (optional) or more than 90 days after filing.) Pursuant to 605.0207 (3)(t filing requirements, this date will not be listed as the |
| If the record specifies a delayed<br>(b) The 90th day after the rec   | d effective date, but not an effective ord is filed.   | ve time, at 12:01 a.m. on the earlier of:  |
| Dated JANUARY 30  | 2018   |  |
| 1   | Signature of a member or authorized representa   |  |
|   | no concerca  | · · · · · · · · · · · · · · · · · · ·  |

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Typed or printed name of signee

Filing Fee: \$25.00