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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Mame of Person
	CEPONS UC
	1348 Washington Ac Ste 257
	MIAMIBEACH, FL 33139 City/State and Zip Code Timo Dy @ CEPODS. Com E-mail address: (to be used for Juture annual report notification)
For fur	ther information concerning this matter, please call:
	Name of Person
	ed is a check for the following amount: 5.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

CEF	DDDS LLC					
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)					
The Articles of Organization for this Limited Liability Florida document number <u>L I I 000 I 4</u>	Company were filed on $12-20-11$ and assigned 2575					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lin	mited liability company here:					
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:	STATIL L					
(<u>Principal office address MUST BE A STREET ADL</u>	DRESS)					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)	~/A					
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our records, <u>enter the name of the new</u> Idress here:					
Name of New Registered Agent:						
New Registered Office Address:	MA Enter Florida stredi 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 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 Title **Address Type of Action** Name TIMOTHY DUNLAP □ Add ☐ Remove □ Change AMBR TOMAS FRENES □ Add □ Remove _□ Change TOMAS FRENES □ Add Remove ☐ Change □ Add □ Remove ☐ Change □ Add _□ Remove Change ≓ ∄ Remove

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<u>e:</u> If	the date inserted in	this block does no	ot meet the applic	cable statutory fil	ing requirements,	this date wi	Il not be listed
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Filing Fee: \$25.00