L12000007761

| (Requestor's Name) | |
|---|--|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer. | |
| RECEIVION | |

Office Use Only



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07, 06, 17--01002--007 **25,00

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COVER LETTER

| 10: Registration : Division of Co | | | |
|--------------------------------------|---|---|---|
| 8083, LL SUBJECT: | C | | |
| | Name of Lim | ited Liability Company | |
| The enclosed Articles of | of Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | pondence concerning this matter | to the following: | |
| | Madeline DiPietro | | |
| | | Name of Person | |
| | 8083, LLC | | |
| | | Firm/Company | |
| | 5845 SW 44 Terrace | | |
| | | Address | |
| | Miami, FL 33155 | | |
| | miketdi@aol.com | City/State and Zip Code | |
| | | to be used for future annual report notifi | cation) |
| For further information | concerning this matter, please concerning | all: | |
| Michael DiPietro | | 305 297-2137 | |
| Name | of Person | at () Area Code Daytime | 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 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

2017 JUL -5 PM 2: 19

8083, LLC

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

| (A Florida Limited Liability Company) | |
|---|--|
| The Articles of Organization for this Limited Liability Company were filed on $\frac{1/4}{2}$ | |
| florida document number 1.12000007761 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company he | <u>re</u> : |
| The new name must be distinguishable and contain the words "Limited Liability Company," the de- | esignation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| | |
| Enter new mailing address, if applicable: | |
| Mailing addragg MAV DE A BOST OFFICE DOV | |
| | |
| B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here: Name of New Registered Agent: | our records, enter the name of the i |
| New Registered Office Address: | |
| | da street address |
| | , Florida |
| New Registered Agent's Signature, if changing Registered Agent: | 241 (000 |
| hereby accept the appointment as registered agent and agree to act in this corovisions of all statutes relative to the proper and complete performance of the obligations of my position as registered agent as provided for in Complete to merely reflect a change in the registered office address. I hereby company has been notified in writing of this change. | ny duties, and I am familiar with and hapter 605, F.S. Or, if this document is |
| | |

If aniending 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 |
|--------------|------------------|--------------------|---|
| MGRM | Peter J DiPietro | 5845 SW 44 Terrace | |
| | | Miami, Fl. 33155 | ■ Remove |
| | | | Change |
| MGRM | Michael DiPietro | 5845 SW 44 Terrace | ■ Add |
| | | Miami, FL 33155 | ☐ Remove |
| | | | □ (ˈhange |
| | | | Add |
| | | | Remove 711 Change TT L L L L L L L L L |
| | | | P P T Remove |
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| an effecti ote: If t | date, if other the vertage date is listed, the the date inserted its effective date of the | date must be speci n this block does | fic and cannot be not meet the a | prior to date of ti applicable statut | | | ing.) Pursuant to 60 | |
| | d specifies a c Oth day after t | | | ut not an effe | ective time, a | t 12:01 a.n | n. on the earl | ier of: |
| ated | June | 28 | 20 | 17 | | | | |
| | June | / / / / / / | 70,2 | · | | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00