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COVER LETTER

TO:	Registration Section
	Division of Corporations

LLC. SUBJECT: Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

92)-8502 Daytime Telephone Number Area Code Name of Person -

Enclosed is a check for the following amount:

\$25.00 Filing Fee

S30.00 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

Tallahassee, FL 32314

P.O. Box 6327

STREET/COURIER ADDRESS:

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

ARTICLES OF A	AMENDMENT
T	
ARTICLES OF O	-
01	
Mictown Assessment Center (Name of the Limited Liability Compan (A Florida Limited Li	
The Articles of Organization for this Limited Liability Company v Florida document number $_L12000028829$.	were filed on <u>Feb. 29, 2012</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil D&D WEB DEVELOPMER The new name must be distinguishable and contain the words "Limited Liability"	JTLIC
Enter new principal offices address, if applicable:	2001 Biscayne Blud. #2110
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33137
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	2001 Risonyne Blud. #2110 Miami, FL 33137
B. If amending the registered agent and/or registered off	ice address on our records, enter the name of the new

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	NA	
New Registered Office Address:	2001 Biscayne Blu	
	Enter Flor	rida street address
	Miami	Florida 33137
	Ciņ	Zip Code

New Registered Agent's Signature, if changing Registered Agent: NA

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 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

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<u>Title</u>	Name	Address	<u>Type of Action</u>
			🗆 Add
		· · · · · · · · · · · · · · · · · · ·	Remove
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			Change
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			Remove
	. /	LECRETARY	
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	/	RAT	
			☐ Change

D.	If amending an	y other information,	enter change(s) here:	(Attach additional sheets,	if necessary.)

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E. Effective date, if other than the date of filing: _______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	October	8	2015	•		
				· · · · · · · ·	28	
		Signature	Demiel Llings	CRETA	15 DEC	11
		,. <u>,.</u> ,,	Typed or printed name of signee	NRY OF	/ 	<u></u> m
			Page 3 of 3		A II:	D
			Filing Fee: \$25.00	ORIDA	5	