12000041849

	(Requestor's Name)		
·			
	(Address)		
	(Address)		
	_		
	(City/State/Zip/Phone #)		
PICK-UF	P WAIT	MAIL	
	(Business Entity Name)	<u> </u>	
	(Document Number)		
Certified Copies	Certificates of	Status	
Special Instructions	s to Filing Officer:		
		ı	
(OCT 1 2 2012			
L. SELLERS			
<u> </u>			

Office Use Only



500240658365

NOT INTENDED

NOT INTENDED

TO ACKNOWLEDGE

TO ACKNOWLEDGE

DEPARTMENT OF STATE

2012 BCT 11 AH II: 00

FILED
12 OCT 11 AM 9: 32
SECRETARY OF STATE



ACCOUNT NO.	: 12000000195
REFERENCE	: 377102 7292882
AUTHORIZATION	: Loudelle par
COST LIMIT	: \$ 25.00
ORDER DATE: October 10, 2012	
·	
ORDER TIME : 4:52 PM	
ORDER NO. : 377102-005	
CUSTOMER NO: 7292882	
DOMESTIC AM NAME: EDIASPORA, LLC	ENDMENT FILING
EFFECTIVE DATE:	
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCO.	RPORATION
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STA	NDING
CONTACT PERSON: Troy Todd E	XT# 62940
	EXAMINER'S INITIALS:

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	eDIA:	SPORA, LLC		
	Name of Lim	ited Liability Company		_
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	oondence concerning this matter	r to the following:		
	M	ARLON A. HILL, ESQ	t.	
		Name of Person		
	J	DELANCYHILL, P.A.		
		Firm/Company		***************************************
	201 S. BI	SCAYNE BLVD., SUF	TE 2812	
		Address		
	М	IAMI, FLORIDA 33131	1	
		City/State and Zip Code		
		L@DELANCYHILL.Co		
Far further information	concerning this matter, please of	•	m bonnounou)	
rot futulet information	concerning and matter, please of	ъш.		
	ON A. HILL, ESQ.	at (_786_)	777-0184	
Name	of Person	Area Code &	Daytime Telephone Nu	unber
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 en	Cert nclosed) Cer	10 Filing Fee, tificate of Status & tified Copy ditional copy is enclosed)
MAII	LING ADDRESS:	STREET/C	COURIER ADDRES	SS:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

eDIASPO	RA, LLC	_		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appea liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	03/30/2012	and assi	igned
Florida document numberL12000044849				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Comp	any," the designation "	'LLC" or the a	bbreviation
Enter new principal offices address, if applicable:	990 BISCAY	NE BLVD., SUITI	E 502	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FLOI	RIDA 33132		
		.		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of		our records, enter	the name o	f the new
registered agent and/or the new registered office address her	<u>e</u> :		TALLI SEC	
Name of New Registered Agent:				77
New Registered Office Address:				
	Ει	iter Florida street ad		
	City	, Florida _	=2to C 64	

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.

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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager, MGRM = Managing Member <u>Title</u> Name **Address Type of Action MGRM** David Andrew Rousseau 15 Hacienda Way ☐ Add Kingston 8 Jamaica Remove MGRM Jamie Rohan Ranston 11 Chesterton Place ☐ Add Strathmore, Klngston 8 Jamaica Remove ☐ Add ☐ Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

			SECR
Dated	October 10		HASS
	m4	Marlon A. Hill, Esq.	E CO
	Signatu	re of a member or authorized representative of a member	SE SE
		MARLON A. HILL, ESQ.	ã á

Typed or printed name of signee

Filing Fee: \$25.00

Page 2 of 2