

L12000095289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

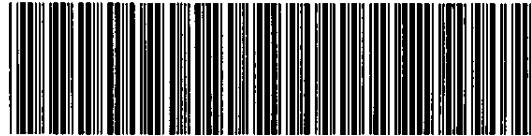
(Business Entity Name)

(Document Number)

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D. BRUCE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DRAW2CODE LLC**

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

**ANTONIO E. REGOJO**

Name of Person

**REGOJO LAW, P. A.**

Firm/Company

**3550 BISCAYNE BLVD. SUITE 507**

Address

**MIAMI, FLORIDA**

City/State and Zip Code

*info @ avenida Legal . com*

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**ANTONIO E. REGOJO**

Name of Person

at **305 814-8299**

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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**DRAW2CODE LLC**

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

The Articles of Organization for this Limited Liability Company were filed on 07/24/2012 and assigned  
Florida document number L12000095289

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3550 BISCAYNE BLVD. SUITE 507  
MIAMI, FLORIDA 33137

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3550 BISCAYNE BLVD. SUITE 507  
MIAMI, FLORIDA 33137

**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:

ANTONIO E. REGOJO

New Registered Office Address:

3550 BISCAYNE BLVD. SUITE 507

*Enter Florida street address*

MIAMI

*City*

Florida 33137

*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 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.*

  
If Changing Registered Agent, Signature of New 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Agustin R. Botella	11677 Biscayne Blvd #406	<input type="checkbox"/> Add
		Miami, FL 33161	<input checked="" type="checkbox"/> Remove
MGRM	Agustin R. Botella	3550 Biscayne Blvd #507	<input checked="" type="checkbox"/> Add
		Miami, FL 33137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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OFFICE OF STATE  
PALM BEACH COUNTY, FLORIDA

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

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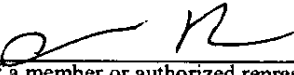
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Dated 12/7, 2013

  
Signature of a member or authorized representative of a member

Antonio Reguio, Attorney-in-Fact

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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