L12000/43750

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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A. LUNT
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EXAMINER

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DEPARTMENT OF STATE STATE CORPORATIONS
2012 NOV 19 AH II: 07





ACCOUNT NO. : 12000000195	
REFERENCE : 426863 10910A	
AUTHORIZATION: Spellelena	
COST LIMIT : \$ 60.00	_
ORDER DATE : November 19, 2012	
ORDER TIME : 9:06 AM	
ORDER NO. : 426863-020	
CUSTOMER NO: 10910A	
COSTOMER NO. 10910A	
DOMESTIC AMENDMENT FILING	
NAME: DALFEN ENTERPRISES LLC	
EFFECTIVE DATE:	
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
XX CERTIFIED COPY PLAIN STAMPED COPY	
XX CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Susie Knight EXT# 52956	
EXAMINER'S INTTIALS.	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dalten En	ter Deise		7
(Name of the Limited Liab) (A Flori	ility Company as da Limited Liabili	it now appears on our records.) ity Company)	TO THE
The Articles of Organization for this Limited Liabilit		e filed on <u>//- 13- /2</u>	and assigned
Florida document number <u>L 12 0 60 14 375 (</u>	<u>()·</u>		
This amendment is submitted to amend the following	g:		STATE STATE
A. If amending name, enter the new name of the	limited liability	company here:	
The new name must be distinguishable and end with the "L.L.C."	nter prises words Limited L	Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	ODRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	2		
	<u>-</u>		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		address on our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street d	address
<u></u>	<u> </u>	, Florida	
	Ci	ity	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

Title MGR	Name JORDAN Dalfon-SageR	Address Clo Weisman+ Margoles, P.A. 140 N. Federal Hwy. 2nd fl Boca Patch, FL 33432	Type of Action Add Remove
MGR_	MUCRAY DAIFON	4444 Ste-Cathern St. Ust Suict 106 Mestmount, Q.C. H3Z 1-RZ CANADA	Add Remove
			Add Remoye Remoye Add Add Add Add Add Add Add A
			Add _ Remove
			Add Remove

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November/	16 . 2017	<u>.</u>	
	moalen		
	Signature of a member or authorized representative of a member		
 	MURRAY DAI FEN Typed or printed name of signee		2
	Page 3 of 3		2012 (53)
	Filing Fee: \$25.00	ETASS	
	· ·	[1,1]	COD
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