## L12000150729

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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	)
PICK-UP	WAIT	MAIL
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(D	ocument Number)	
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D. BRUCE

DEC 21 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration Se Division of Cor	ction porations		
SUBJECT:	DIGITAL	3D DESIGN LLC	
	Name of Limi	ted Liability Company	
	Amendment and fee(s) are sub	_	
	E	BIANCA SAPORITTO	
		Name of Person	
	TEAM REAL	ESTATE MANAGEMENT, LLC	
		Firm/Company	
	2801 NE 208	TH TERRACE, SECOND FLOOF	₹
		Address	
	Α	VENTURA, FL 33180	
		City/State and Zip Code	
		FEAMREMANAGEMENT.COM	TAGE 1
	E-mail address: (	to be used for future annual report notification)	
For further information c	oncerning this matter, please of	eall:	
BIANC	CA SAPORITTO	at ( 305 ) 454-0	915 SSEC 9 EAS
Name o	f Person	Area Code & Daytime Teleph	PILED FILED CRETARY OF STAIL LAHASSEE, FLOAID
Enclosed is a check for the	he following amount:		34
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

		DESIGN LLC		
(Name of the Limited (A	<u>Liability Compa</u> Florida Limited I	ny as it now appears Liability Company)	on our records.	
The Articles of Organization for this Limited Life Florida document numberL12000150		were filed on	12/03/2012	and assigned
This amendment is submitted to amend the follo	owing:		•	
A. If amending name, enter the new name of	f the limited liab	oility company here	:	
The new name must be distinguishable and end wit "L.L.C."	h the words "Lim	ited Liability Compan	y," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicable:		20381 NE 30T	H AVENUE	÷,
(Principal office address MUST BE A STREET ADDRESS)		UNIT 222		
-		AVENTURA, F	L 33180	
Enter new mailing address, if applicable:		20381 NE 30T	H AVENUE	12 DEC SECREI
(Mailing address MAY BE A POST OFFICE BOX)		UNIT 222		SS 20 FI
		AVENTURA, F	FL 33180	
B. If amending the registered agent and/oregistered agent and/or the new registered of			ir records, <u>enter (</u>	the name of the nev
Name of New Registered Agent:	JOSE FELIPE SALAMANCA			
New Registered Office Address:	‡222			
	Enter Florida street address			
	A	VENTURA	, Florida	33180
		City	<del>.</del>	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

Page 1 of 2

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	<b>Type of Action</b>
MGR	TEAM REAL ESTATE Hanagement, Lic	2801 NE 208TH TERRACE SECOND FLOOR AVENTURA, FL 33180	Add ☑ Remove
MGR	SALAMANCA, JOSE F.	20381 NE 30TH AVENUE UNIT 222 AVENTURA, FL 33180	Add Remove
			Add Remove
	·		Add Remove
<del> </del>		<u></u>	Add Remove
		e(s) here: (Attach additional sheets, if necessar	Add Remove
D. II amer —	iding any other information, enter chang	e(s) nere: (Anach adamonal sheets, ij necessar	—
_			APPRO ANI FILE 2 DEC 20 P CCRETARY O LLAHASSEE.
Dated	DECEMBER 14 , 20	) <u>12</u> . 人 人 、	PM 12: 41  OF STATE  OF STATE
	J	or authorized representative of a member	<del></del>
		NCA SAPORITTO or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00