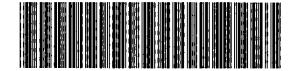
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SECRETARY OF STATE TALLARASSEE, FLORIDA

C. LEWIS
DEC 1 9 2013
EXAMINER

COVER LETTER

TO:	Registration Secti Division of Corpo		J 48	ðe	twee .	٠,
SUBJI	ест: ДТ	D6D LLC Name of Lin	nited Liability	/ Company		
The er	nclosed Articles of Ar	nendment and fee(s) are s	ubmitted for f	ĭling.		
Please	return all correspond	ence concerning this matt	er to the follo	wing:		
		Michae	1 Cabrero	JE99 1 of Person		
		Reinfeld 4	Cabrera, Firm	Company		
		10235 Wegs	+ Sample	Road, Suite 20	7	
			City	33065 and Zip Code essonal a Horney 5. Co		
For fu	rther information con	E-mail address cerning this matter, pleas	(r future annual report notifica	ation)	
	Michael Can Name of P	brera, Eg. Person	at (454 ₎ 334 – 152 Area Code & Daytime	2 <i>0</i> Felephone Number	
Enclo	sed is a check for the	following amount:				
U \$2	5.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	Cer	00 Filing Fee & tified Copy ditional copy is enclosed)	□\$60.00 Filing Certificate o Certified Co (additional o	of Status &

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

TO ARTICLES OF ORGANIZATION OF

APPROYEU A**N**D FILED

13 DEC 18 PM 1: 47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DIDGD, LLC		TO CELL PEURIDA
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears of a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability	Company were filed on febra	1/y 1, 2013 and assigned
Florida document number <u>L13000016580</u>	 ·	/
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the w 'L.L.C."	vords "Limited Liability Company,	' the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	<u>ORESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
<u> </u>		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	Florida street address
		, Florida Zip Code
	City	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.

or Managing Member being added or removed from our records;

MGRM = M	ager anaging Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Keller, Janis	8731 NW 10 Street	Add
		Pembroke Piner, FL 33024	Remove
MGRM	Keller, Janis	8731 NW 10th Street	Add
		Pembroke Pines, FL 33024	Remove
MGR	Jones, Richard	8731 NW 10th Street	Add
		Pembroke Pints, FL 33024	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

APPROVED ach additional sheets, if nedBary.) FILED
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SECRETARY OF STATE TALLAHASSEE, FLORIDA
epresentative of a member Cabrers, P.A.

Page 3 of 3

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