L13000019489

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SECRETARY OF STATE

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T. IUMP. J.

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

SOFTDIAG CONSULTING 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:

Gregory R. Fishman, Esq.

Name of Person

Gregory R. Fishman, P.A.

Firm/Company

2750 N.E. 185th Street, #204

Address

Aventura, FL 33180

City/State and Zip Code

greg@grfpa.com

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

For further information concerning this matter, please call:

Gregory R. Fishman, Esq.

305,792-6945

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOFTDIAG CONSULTING 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 Lial Florida document number <u>L130000194489</u>	oility Company v	were filed on <u>02/07/20</u>	13 ZE assigned SECRE TARY ALARY ASSIGNED	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	<u>he limited liabi</u>	lity company here:	AMII: 35 OF STATE	
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company," the	designation "ELC" or the abbreviatio	
Enter new principal offices address, if applical	ole:			
(Principal office address MUST BE A STREET ADDRESS)		485 N.E. 144th Street		
		North Miami Beach, FL 33160		
Enter new mailing address, if applicable:		485 N.E. 144th Str	eet	
(Mailing address MAY BE A POST OFFICE BOX)		North Miami Beach, FL 33160		
B. If amending the registered agent and/or registered agent and/or the new registered offi			ords, enter the name of the nev	
Name of New Registered Agent: Gregory R. Fishman, P.A.				
New Registered Office Address:	2750 N.E. 185th Street, #204 Enter Florida street address			
		Enter Flor		
	Aventura,		_, Florida 33180	
		City	Zip Code	
New Registered Agent's Signature, if changing Re	gistered 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 3

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>	Address	Type of Action
MGR	Stephane Delot	44 West Flagler Street, Suite 110	O Add
		Miami, FL 33130	Remove
MGRM	Stephane Delot	485 N.E. 144th Street	
		North Miami Beach, FL 33160	Remove
MGR	Cyril Darmouni	44 West Flagler Street, Suite 1100	O Add
,		Miami, FL 33130	Remove
			- Add
		T ₁	Remove
		SECRETAR VLLAHAS:	2013 NOV 13
		SE. FLORIDA	Add Remove
			Add
			Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
n 1	November 12 2013
Dated _	,
	$M_{h}/$
	Signature of a member or authorized representative of a member
	Gregory R. Fishman, Esq.//
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

2013 NOV 13 AM II: 35
SECRETARY OF STATE