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## **COVER LETTER**

SUBJECT: DIKADE SA, 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:
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:
EDSEL A. JESURUN
Name of Person
DIKADE SA LLC
Firm/Company
4284 SW 97TH AVE
Address
MIAMI FL 33165
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
EDSEL A. JESURUN 786 369-6420
Name of Person at ()  Area Code & Daytime Telephone Number

□\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$25.00 Filing Fee

**■\$30.00** Filing Fee &

Certificate of Status

TO:

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□\$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## DIKADE SA LLC

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

(A Fiorida Emitted Ex	ability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000064889</u>	were filed on <u>05/02/2013</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address here	ice address on our records, <u>enter</u> :	the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Futou Flouida street ad	duana
	Enter Florida street address	
	, Florida	Zin Code
New Registered Agent's Signature, if changing Registered Agent:	Cuy	Lip Colle
Avelue of the a dignature, it 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 MGRM	Name TARIQ L. CURACAO	Address 4284 SW 97TH AVE MIAMI FL 33165	Type of Action  Add  Remove
MGRM	TARIQ L. MADURO	4284 SW 97TH AVE MIAMI FL 33165	Add Remove
			13 JUN 24 PM 12: 34 SEVELLANASSELL FLORID

D. If amend	ling any other information, ente	r change(s) here: (Attach additional sheets, if necessary.)
	·	
Dated 06/	′12	2013
Dated		Su
	Signature of a	member or authorized representative of a member
	EDSEL A JESURUN	
		Typed or printed name of signee

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Filing Fee: \$25.00