

Division of Corporations

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# L13000074343

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : MORAITIS, COFAR, KARNEY & MORAITIS  
Account Number : I19990000033  
Phone : (954) 563-4163  
Fax Number : (954) 563-5913

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: cmiethe@mcklaw.com

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DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DAR COMMUNICATIONS HOLDINGS, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$30.00 |

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Prepared by: George R. Moraitis, Jr.  
Moraitis, Cofar, Karney & Moraitis  
915 Middle River Drive Suite 506  
Fort Lauderdale FL 33304  
Audit Fax No.: H14000245392 3

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: **DAR COMMUNICATIONS HOLDINGS, 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:

**GEORGE R. MORAITIS, JR.**

Name of Person

**MORAITIS, COFAR, KARNEY & MORAITIS**

Firm/Company

**915 MIDDLE RIVER DRIVE, SUITE 506**

Address

**FORT LAUDERDALE, FLORIDA 33304**

City/State and Zip Code

**cmiethe@mcklaw.com**

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

For further information concerning this matter, please call:

**Catherine Miethe**

Name of Person

at **954 563-4163**

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

Prepared by: George R. Moraitis, Jr.  
Moraitis, Cofar, Karney & Moraitis  
915 Middle River Drive Suite 506  
Fort Lauderdale FL 33304  
Audit Fax No.: H14000245392 3

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**DAR COMMUNICATIONS HOLDINGS, 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 Liability Company were filed on MAY 21, 2013 and assigned  
Florida document number L13000074343.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7053 TUYUTI

COD POSTAL 1408

BUENOS AIRES, ARGENTINA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7053 TUYUTI

COD POSTAL 1408

BUENOS AIRES, ARGENTINA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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 605, 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**

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U.S. DEPARTMENT OF JUSTICE

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>                  | <u>Address</u>                | <u>Type of Action</u>                      |
|--------------|------------------------------|-------------------------------|--|
| MGR          | MAURO IGNACIO RODRIGUEZ      | 1361 S. OCEAN BLVD., UNIT 701 | <input type="checkbox"/> Add               |
|              |                              | POMPANO BEACH, FLORIDA 33062  | <input checked="" type="checkbox"/> Remove |
| MGR          | JOSEFINA GRECO               | 7053 TUYUTI                   | <input checked="" type="checkbox"/> Add    |
|              |                              | COD POSTAL 1408               | <input type="checkbox"/> Remove            |
|              |                              | BUENOS AIRES, ARGENTINA       |  |
| MGR          | MIGUEL ANGEL ZAMPARELLA      | 7053 TUYUTI                   | <input checked="" type="checkbox"/> Add    |
|              |                              | COD POSTAL 1408               | <input type="checkbox"/> Remove            |
|              |                              | BUENOS AIRES, ARGENTINA       |  |
| MGR          | NICOLAS ALEJANDRO ZAMPARELLA | 7053 TUYUTI                   | <input checked="" type="checkbox"/> Add    |
|              |                              | COD POSTAL 1408               | <input type="checkbox"/> Remove            |
|              |                              | BUENOS AIRES, ARGENTINA       |  |
|              |                              |                               | <input type="checkbox"/> Add               |
|              |                              |                               | <input type="checkbox"/> Remove            |
|              |                              |                               | <input type="checkbox"/> Add               |
|              |                              |                               | <input type="checkbox"/> Remove            |
|              |                              |                               | <input type="checkbox"/> Add               |
|              |                              |                               | <input type="checkbox"/> Remove            |

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 CALAMASSE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 20, 2014

Signature of a member or authorized representative of a member

GEORGE R. MORAITIS, JR.

Typed or printed name of signee

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Filing Fee: \$25.00

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