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(Re	questor's Name)	)
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PICK-UP	☐ WAIT	MAIL
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# **COVER LETTER**

Division of Corporations
SUBJECT: DEL PRETE DIGITAL & PRODUCTION, 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:
11SA 2. DELPRETE Name of Person
DELPRETE DIGITAL & PRODUCTION Firm/Company
121 N. RIVER DR. W.
JUPITER, FL 33458
City/State and Zip Code  /: /245@ Me. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    List 2. Del Pasts   at (786) 457.8367   Area Code   Daytime Telephone Number   STORES   Daytime Telephone Number   Daytime Telep
Enclosed is a check for the following amount:  Enclosed is a check for the following amount:  Enclosed is a check for the following amount:  SET TO
Certificate of Status  Certified Copy (additional copy is enclosed)  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

Name of the Limited Liability Company (A Florida Limited L	& PRODUCTION, LC, was know appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company	were filed on $09/23/2013$ and ass	igned
Florida document number <u> </u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil $\mathcal{N}/\mathcal{A}$		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRESS)	NIA	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	SEC TALL.	9 3 3 9
Name of New Registered Agent:	N/A ARE A	
New Registered Office Address:	Enter Florida street address  Florida  City  Florida	
New Registered Agent's Signature, if changing Registered Agent:	Samuel Carlo	i
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pabeing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar wit rovided for in Chapter 605, F.S. Or, if this docu	h and ment is
	1.1.	

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Address **Type of Action** <u>Title</u> Name STEPHEN ? DELROTE 121 N. RIVER DR. W. JUPITER, FL 33458 (186).457.8367 AMBR Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add ☐ Remove ☐ Change □ Remove ☐ Change \_ Add □ Remove ☐ Change

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flective date, if other than the date of filing:	al) ng.) Pursuant to 605.0 ate will not be listed	207 (3) as the
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m e 90th day after the record is filed.	n. on the earlier	of:
MAY 10, 2017.		
Signature of a member or authorized representative of a member		
Lisa Z Del Prete		

Page 3 of 3

Filing Fee: \$25.00