14000002926

(Re	equestor's Name)	······································
(Ad	ldress)	
(Ad	ldress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		,

Office Use Only



500257364505

03/06/14--01019--006 **25.00



B. BOSTICK

MAR - 7 2014

EXAMINER



A Statewide Full Service Investigative Agency

March 3, 2014

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Florida Department of State Division of Corporations,

This letter accompanies the completed form and filing fee to amend the Articles of Organization to include Thomas D'Aiuto as an Authorized Member to DAiuto Investigations, LLC, which was filed on January 7, 2014 and assigned Florida Document Number L14000002926.

If you have any questions regarding this amendment, please contact me.

Sincerely,

Melinda D'Aiuto Owner/Investigator 305-481-0765

> 104350 Overseas Highway #B-102, Key Largo, Florida 33037 Ph: 305-481-0765 Fax: 305-723-7799

> > Keyspi.com FL License #A99-00035

COVER LETTER

TO: Registration Division of C	Section Corporations	·	
SUBJECT:		Stigations, LL ited Liability Company	:c
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Melin	name of Person	
	DAiu	to Investigation	ons, LLC
	104350	Overseas Hwa	y#B-102
	Key Lin E-mail address: (City/State and Zip Code Of Pi OCS. Con to be used for future annual report notifi	237
For further information	n concerning this matter, please ca	all:	
Melina. Nan	a D'Aiuto	at (<u>305) 48/-2</u> Area Code Daytime	2765 e Telephone Number
Enclosed is a check for	or 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

DAjuto	Investigas		.C		
(Name of the Limited Liability Co (A Florida Limi	ompany as it now appears on ited Liability Company)	our records.)			
The Articles of Organization for this Limited Liability Comp	oany were filed on/_	17/2014	and assi	igned	
Florida document number <u>L/4/00000 29 26</u> .	·				
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the limited</u>	liability company here:				
The new name must be distinguishable and end with the words "Limited	Liability Company," the design	gnation "LLC" or the abl	previation "L.	.L.C."	-
Enter new principal offices address, if applicable:			, se = 1		_
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		- 	1000	;
					ر ا در دره –
				1 -1-	; -
Enter new mailing address, if applicable:			*.		_
(Mailing address MAY BE A POST OFFICE BOX)			** ;	<u> </u>	_ (1.00.50
			المنتابة المسترا	`?? 	_
				\Box	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		er records, <u>enter t</u> l	ne name (of the	<u>new</u>
Name of New Registered Agent:					-
New Registered Office Address:					<u></u>
	Enter Florida s	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

Page 1 of 3

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

	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	Thomas D'Ajuto	104350 Overseas Nwy B-1 Key Largo, FL 33037	02 Add
		KeyLargo, FL 33037	Remove
			Add
			Remove
		7	
			Add
		<u></u>	Remove
		رن (با 	
			Add
			□ Remove
			
			Adđ
			□ Remove
			
		****	Add
			□ Remove

		1			
 					
The effective date mu	st be specific, cannot	be prior to date of rec	ceipt or filed date and cate)	annot be more than	_ (optional) 90 days after
The effective date mu the date this document	st be specific, cannot nt is filed by the Flor	be prior to date of rec	ceipt or filed date and cate)	annot be more than	_ (optional) 90 days after
The effective date mu the date this document	st be specific, cannot it is filed by the Flor	be prior to date of redida Department of Sta	ceipt or filed date and cate)	annot be more than	90 days after
(The effective date mu the date this document	st be specific, cannot it is filed by the Flor	be prior to date of redida Department of Sta	ceipt or filed date and cate)	annot be more than	90 days after

Page 3 of 3

Filing Fee: \$25.00