

L140000011709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

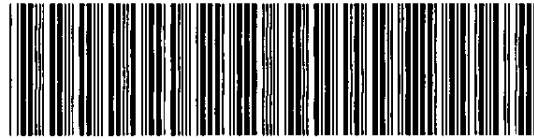
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/27/14--01001--023 **25.00

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2014 MAR 27 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE

14 MAR 26 PM 4:04

MAR 28 2014

D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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DIVISION OF CORPORATIONS

March 27, 2014

CAPITAL CONNECTION

SUBJECT: D2FT INVESMENT LLC
Ref. Number: L14000011709

We have received your document for D2FT INVESMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 914A00006540

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

D2FT INVESTMENT LLC

Signature _____

Requested by: SN

3/26/14

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

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2014 MAR 27 AM 9:59
TALLAHASSEE FLORIDA

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

D2FT INVESTMENT 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 01/22/2014 and assigned
Florida document number L14000011709.

This amendment is submitted to amend the following:

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

D2FT INVESTMENT LLC

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:

14951 ROYAL OAKS LANE, Apt 2604

(Principal office address MUST BE A STREET ADDRESS)

N. Miami Bch, FI 33181

Enter new mailing address, if applicable:

14951 ROYAL OAKS LANE, Apt 2604

(Mailing address MAY BE A POST OFFICE BOX)

N. Miami Bch, FI 33181

**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

Florida

City

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SPECIAL SERVICES
TALLAHASSEE, FLORIDA

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

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	Ferrer, Luis E.	14951 Royal Oaks Lane	<input type="checkbox"/> Add
		Apt 2604	<input type="checkbox"/> Remove
		N. Miami Bch, FL 33181	

*Change
zipcode
only* →

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

Mgr	Dieguez Bello, Hortensia T.	14951 Royal Oaks Lane	<input type="checkbox"/> Add
		Apt 2604	<input type="checkbox"/> Remove
		N. Miami Bch, FL 33181	

*Change
zipcode
only* →

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2014 MAR 7 AM 9:59
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT

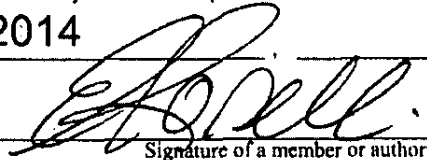
FILED

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

We are only adding the "s" to the name and correcting the zip code of the address

E. Effective date, if other than the date of filing: 02/05/2014 (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 02/05/2014



Signature of a member or authorized representative of a member

Liz Rosell - Douglas Registered Agents LLC

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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