## L14000057185

(Re	questor's Name)	··
(Ad	dress)	
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(Cit	y/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	]
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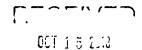
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S. PRATHER

## **COVER LETTER**

TO:	Registration Se Division of Cor			
CHD I		NDIA, LLC		
SUBJ	ECT:	Name of Lim	nited Liability Company	
The er	iclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		SILVIA MONICA POLLA	ACK	
			Name of Person	
		DEPTOLANDIA, LLC	, mile of religion	
			Firm/Company	
		14683 SW 142 PLACE CI	• •	
			Address	<del>.</del>
		MIAMI, FL 33186		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	ication)
For fu	rther information c	oncerning this matter, please co	all:	
	Name o	f Person	at () Area Code Daytime	: Telephone Number
				·
Enclos	ed is a check for th	ne following amount:		
\$2	5.00 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

DEPTOLANDIA, LLC		1800 M
( <u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records.) nited Liability Company)	S 5
The Articles of Organization for this Limited Liability Com	pany were filed on 04/07/2014	S and a segmed
Florida document number L14000057185		Hora G
This amendment is submitted to amend the following:		S.S.
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our records, <u>en</u> <u>s here</u> :	ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street uddress	
	, Florida	
	City	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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DIEGO ADRIAN DORFMAN-POLLACK	14683 SW 142 PLACE CIRCLE MIAMI, FL 33186	<u></u> <b>⊟</b> Add
			□ Remove
			□ Change
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			D Add
		<del></del>	Remove
			Change
<u>_</u>		-	Add
			Remove
			☐ Change

(	Change address for Manager / Silvi	enter change(s) here: (Attach additional s a Monica Pollack to 14683 SW 142 Pl Cir, Mi	ami, FL 33186
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(If an effe <u>Note:</u> docume	If the date inserted in this block do ent's effective date on the Departm	ecific and cannot be prior to date of filing or more that es not meet the applicable statutory filing requent of State's records.  Ctive date, but not an effective time,	irements, this date will not be listed as
Dated	OCTOBER 9	2018	
Daked _	Mille		2018 01 Second
	- XIHOLLA	are of a member or authorized representative of a m	
	Signati	are of a member of aumorized representative of a m	
	SILVIA MONICA POLLACK		ASS 3
		Typed or printed name of signee	113 1 -E
			3: 56 STATE E. FL
		Page 3 of 3	<u> </u>

Filing Fee: \$25.00