*L14000061336

(R	Requestor's Name)	
(A	ddress)	
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PICK-UP	☐ WAIT	MAIL
(É	Business Entity Name)
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Certified Copies	Certificates o	f Status
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SHOWN ARY OF STATE

K.SALY EXAMINER JUN 11 2015

COVER LETTER

	Div	ision of Cor	porations		,
SU	BJECT:	D2M LLC			·
	Dono		Name of Lim	ited Liability Company	
Th	e enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Ple	ase return	all correspon	ndence concerning this matter	to the following:	
			Fabiana Ciobataru		
	Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing. ease return all correspondence concerning this matter to the following:				
			Name of Limited Liability Company F Amendment and fee(s) are submitted for filing. ondence concerning this matter to the following: Fabiana Ciobataru Name of Person Magno & Associates, PL Finn/Company 1401 Brickell Avenue, Suite 500 Address Miami, FL 33131 City/State and Zip Code fabiana@magnolaw.com E-mail address: (to be used for future annual report notification) concerning this matter, please call: at (
				Firm/Company	A Section 1 of the Sect
			1401 Brickell Avenue, Sui	te 500	
				Address	
		City/State and Zip Code			
				and fee(s) are submitted for filing. cerning this matter to the following: Ciobataru Name of Person & Associates, PL Firm/Company ickell Avenue, Suite 500 Address FL 33131 City/State and Zip Code changnolaw.com E-mail address: (to be used for future annual report notification) is matter, please call: at (305 989-1327 / Area Code) Daytime Telephone Number amount: O'Filing Fee & \$ \$55.00 Filing Fee & \$ \$60.00 Filing Fee, ficate of Status & Certificate of Status & Cert	
				Address Firm/Company Gity/State and Zip Code @magnolaw.com E-mail address: (to be used for future annual report notification) his matter, please call: at (
		Fabiana Ciobataru Name of Person Magno & Associates, PL Firm/Company 1401 Brickell Avenue, Suite 500 Address Miami, FL 33131 City/State and Zip Code fabiana@magnolaw.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please eall: a Ciobataru 305 989-1327 Area Code Daytime Telephone Number			
Fo	further in	nformation co	oncerning this matter, please ea	all:	
Fa	biana Ciol	bataru			
	· ·	Name of	'Person	Area Code Daytime T	elephone Number
En	closed is a	check for th	e following amount:		
=	\$25.00 F	iling Fee		Certified Copy	Certificate of Status &

TO:

Registration Section

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

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TALLAHASSEE FLORID,

D2M 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 Liabi Florida document number L14000061336	ility Company were filed on 04/14/2014	and assigned
This amendment is submitted to amend the followi	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e;	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	ddress
		, 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
MGR	CLAUDENOR ZOPONE JUNIOR	10295 COLLINS AVENUE	🗆 Add
		UNIT 1507	■ Remove
		BAL HARBOUR, FL 33154	☐ Change
MGR	D2M BAHAMAS LIMITED	Suite 200B, 2nd Floor, Centre of	■ Add
		Commerce, One Bay Street	Remove
		Nassau, Bahamas, N-3944	□ Change
****			🗖 Add
			□ Remove
			Chamge The Chamge
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			Change

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Filing Fee: \$25.00