# 14000065191

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(City	//State/Zip/Phon	e #)
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Office Use Only



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SECRETARY OF STREET

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 19, 2014

ANA ASTUDILLO 9810 MARINA BLVD APT 1125 BOCA RATON, FL 33428

SUBJECT: DEDICATED APPLIANCE LLC

Ref. Number: L14000065191

We have received your document for DEDICATED APPLIANCE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Tammi Cline Regulatory Specialist II

Letter Number: 514A00024630

RECEIVED

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DIVISION OF COMMERCIAL
BUREAU OF COMMERCIAL

# **COVER LETTER**

TO: Registration Se Division of Cor			, ,		
DEDICA SUBJECT:	TED APPLIANCE LLC				
SOBJECT:	Name of Limit	ed Liability Company			
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.		•	
Please return all correspondence	ondence concerning this matter to	o the following:			
	ANA ASTUDILLO	١		Fo 2	
		Name of Person			
	DEDICATED APPLIA	NCE LLC		2011 MOV 12 MYD: 43 SEEKE MARY CH BSCIT MALL AND ASSET FLOWING	
		Firm/Company		(2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
9810 MARINA BLVD APT 1125					
	<del> </del>	Address			
	BOCA RATON, FL 3	3428		C3	
		City/State and Zip Code			
	E-mail address: (to	be used for future annual repor	t notification)		
For further information c	oncerning this matter, please cal	ll:			
ANA ASTUDILLO		954 228-2	188		
Name o	f Person	at () Area Code D	aytime Telephone Number		
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Fe Certified Copy Certifica		ite of Status &	
		(additional copy is enclosed) Certified			
	PREVIOUSLY SENT W/WRONG FORMS				
	ING ADDRESS:	STREET/CO Registration S	OURIER ADDRESS: Section		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 Limi	ited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited L Florida document number L14000065191	Liability Company were filed on _	
This amendment is submitted to amend the following	lowing:	TALLANDY TALLANDY
A. If amending name, enter the new name of	of the limited liability company	here:
The new name must be distinguishable and end with the Enter new principal offices address, if application of the Annual office address MUST BE A STREET	cable:	he designation "LLC" or the abbreviation "LLC."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE		
registered agent and/or the new registered of New Registered Agent:	ANA ASTUDILLO	on our records, enter the name of the new
New Registered Office Address: 9810 MARINA BLVD APT 1125  Enter Florida street address		
	BOCA RATON	, Florida <u>33428</u>

### New Registered Agent's Signature, if changing Registered Agent:

DEDICATED APPLIANCE LLC

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CAMILO MESA	9810 MARINA BLVD APT 1125	□ Add
	· · · · · · · · · · · · · · · · · · ·	BOCA RATON, FL 33428	Remove
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	12/12/2014		
fective date, if other than the e effective date must be specific, can e date this document is filed by the Fl	not be prior to date of receipt or filed date and cannot be more than 90 days after	TAGE	29
ted DECEMBER 12TH	2014	( ) ( )	A COST 1- IEZ
	Ano Studillo	NAME ANAMA	)V 12
	Signature of a member or authorized representative of a member		- Z
ANA ASTUDILLO		i in Des	75
			*. *

Page 3 of 3

Filing Fee: \$25.00