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S. YOUR ORDA

COVERLETTER

		ration Secti on of Corpo				
CUBICO		EPINTO EN	NTERPRISES, LLC			
SUBJEC	.l;		Name of Lim	ited Liability Company		
The enclo	osed A	rticles of Ar	mendment and fee(s) are sub-	mitted for filing.		
Please ret	turn al	l correspond	lence concerning this matter	to the following:		
			Vito DePinto			
				Name of Person	-	
	DePinto Enterprises, LLC Firm/Company					
			515 99th Ave. N			
				TALES 5		
			Naples, FL 34108			超易工
				City/State and Zip Code		FILED BEC 14 PR
			E-mail address: (to be used for future annual report notific	cation)	語が足り
For furth	er info	rmation con	cerning this matter, please ca	all:	,	
Vito Del	Pinto			239 566-2505 at ()		
		Name of P	erson .		Telephone Number	
Enclosed	l is a cl	neck for the	following amount:			
≘ 1\$25,0	00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

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

DEPINTO ENTERPRISES, LLC	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) ad Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number L14000073419	ny were filed on May 6, 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lis	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	FILE TALLES
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Dlavida

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	Lisa A. DePinto	515 99th Ave. N	■ Add
		Naples, FL 34108	Remove
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Filing Fee: \$25.00