

L14000098229

Florida Department of State
Division of Corporations
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EFFECTIVE DATE
7-15-2014

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DLV INTREPID LLC

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| Certificate of Status | 0 |
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K. SALY
EXAMINER

JUL 16 2014

7/15/14, 9:51 AM

EFFECTIVE DATE
7-15-2014

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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2014 JUL 15 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DLV INTREPID 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 6/18/2014 and assigned
Florida document number L14000098229

This amendment is submitted to amend the following:

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

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:

(Principal office address **MUST BE A STREET ADDRESS**)

450 ALTON ROAD APT 2304

MIAMI BEACH, FL 33139

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

450 ALTON ROAD APT 2304

MIAMI BEACH, FL 33139

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

City, Florida

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 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 | DANIEL DE LA VEGA | 2021 N BAY ROAD | <input type="checkbox"/> Add |
| | | Miami Beach, FL 33140 | <input checked="" type="checkbox"/> Remove |
| MGR | DANIEL DE LA VEGA | 450 ALTON ROAD APT 2304 | <input checked="" type="checkbox"/> Add |
| | | Miami Beach, FL 33139 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 7/15/2014 (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 JULY 15 2014



Signature of a member or authorized representative of a member

DANIEL DE LA VEGA, MANAGER

Typed or printed name of signer

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