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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILEUS SECRETARY OF STATE SIVISION OF CORPORATION

JUN 0 1 2015 S MASON

COVER LETTER

TO: Registration Se	ction porations	•			
SUBJECT: D'10	GUAZI INVESTA				
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Umber	to Dignazi Name of Person			
	D'Ignaz	I Investment L Firm/Company	LC.		
	14335	sw 120 st + 211			
	Miam	i FL 33186. City/State and Zip Code			•
	·	City/State and Zip Code <u>neral Consulting Se</u> to be used for future annual report notif	cyvicos Com	_,	NIC S
For further information co	oncerning this matter, please ca	all:		SECRE ALLAH	ECRET SION C
Umbert	to D'ignazi	at (30) 386 C		Z9 ASSEE	س ر ب
Enclosed is a check for th	e following amount:	Afea Code Daytime	: Telephone Number	PHIZ: 13 BE. FLORIDA	D STATE OF STATE RPORATIO
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing		¥c
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Certified Contact (additional contact)	рру	

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

\mathcal{D}'_{1} GNAZ	ZI INVESTMENS LLC
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L 14000 0284.7</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit APULÍA SERVICES LLO	· · · · · · · · · · · · · · · · · · ·
	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	÷ S S SS SS
(Principal office address MUST BE A STREET ADDR	ESS) (2 元 文 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元 元
Enter new mailing address, if applicable:	29 PM
(Mailing address MAY BE A POST OFFICE BOX)	PRATIONS ORIDA
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records, enter the name of the new ess here:
	ineral Consulting Services Group Comp
New Registered Office Address: 14	335 SW 120 St # 211 Enter Florida street address
<u> </u>	iewi , Florida 33186; City Zip Code
New Registered Agent's Signature, if changing Registered	

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:

or removed in our dat records.	
MGR = Manager	
AMBR = Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>:</u>			Add
		**************************************	□ Remove
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, ii amending a	ny other information,		: (Attach additional shee	ets, if necessary.)		
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Note: If the dat	if other than the date is listed, the date must be sp te inserted in this block do ective date on the Departr	loes not meet the applica	o date of filing or more than 90 ble statutory filing requirer	(optional) days after filing.) Pursunents, this date will n	uant to 605 not be liste	5.0207 (í ed as tl
the record spe The 90th da	ecifies a delayed effe ay after the record i	ective date, but not is filed.	an effective time, at	12:01 a.m. on th	ne earlie	er of:
Dated /	Yay 14	<u>, 2015</u>		SECRETA FALLAHAS	15 HAY 29	SECRETA /ISION OF
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		12/1/00/				
	Signa	ature of a member or author	ized representative of a memb	FLORIDA	PH 12:	PORA

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Filing Fee: \$25.00