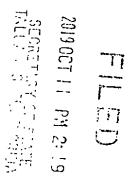
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(Re	questor's Name)	
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/^	dress)	
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

SUBJECT:		NSE IT SERVICES, LLC		
SUBJECT		Name of Limi	ted Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please return	all correspo	ndence concerning this matter t	to the following:	
		MARK SAACKS		
			Name of Person	
		SITE DEFENSE IT SERV	ICES, LLC	
			Firm/Company	
		7050 W PALMETTO PAR	K ROAD #15-413	
			Address	
		BOCA RATON, FL 33433		
		itsupport@sitedefense.com	City/State and Zip Code	
		•	o be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please ca	dl:	
MARK SAA	ACKS		646 302-4831 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
□ \$25.00 F	filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

(Name of the Limit	ed Liability Compar (A Florida Limited L	y as it now appears on our lability Company)	records.)
The Articles of Organization for this Limited Li Florida document number L14000138268	ability Company	were filed on	4 and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liabi	lity company here:	
MEDILEJO ENTERPRISES, LLC			
The new name must be distinguishable and contain the w	ords "Limited Liabili	ity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	MARK SAACKS	
(Principal office address MUST BE A STREE		NECHAMA DINA SA	ACKS
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/registered agent and/or the new registered of	or registered of		records, enter the name of the ne
Name of New Registered Agent:	MARK SAACK	XS	
New Registered Office Address:	7050 W PALMI	ETTO PARK ROAD #15	-413
		Enter Florida stree	n address
	BOCA RATON	T	, Florida 33433
		City	Zip Code

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

SITE DEFENSE IT SERVICES, 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.

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	NECHAMA DINA SAACKS	705 0 W	□ Add
			Remove
		7050 W PALMETTO PARK RD, BOCA RATON, FL 33433	Change
AMBR	MARK SAACKS		
			Add
			🗆 Remove
		7050 W PALMETTO PARK RD, BOCA RATON, FL 33433	_
		BOCA RATON, PL 33433	Change
			Add
			Remove
			☐ Change
			☐ Add
			□ Remove
			□ Change
			D Add
			Remove
			Change
			Add
			Remove
			Change

	
(If an e Note:	tive date, if other than the date of filing:
the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
	OCTOBER 5TH 2019
) Th	OCTOBER 5TH . 2019 Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00