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	(Requestor	s Name)	
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Special Instructions to Filing Officer:

No charge error made by our office filedtwo LLC's w/samemame





300263152723 L15-3871 NC Amendment



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MILBRATH &

ILCHRIST, P.A.

Winter Springs Office 1135 E. State Road 434, Suite 3001 Winter Springs, FL 32708 tel: 407-796-5051 fax: 407-796-5065

Melbourne Office 4450 W. Eau Gallie Slvd., Suite 100 Melbourne, Fl. 329-4 tel: 321-622-8651 fax: 321-622-8652 Jacksonville Office 1301 Riverplace Blvd., Suite 1610 " Jacksonville, FL 32207 tel: 904-398-7000 fax: 904-398-7003

Tampa Office 2202 N. West Shore Blvd., Suite 200 Tampa, FL 33607 tel: 813-639-4222 fax: 407-841-2343 Miami Office 1221 Brickeli Ave., Suite 2400 Miami, FL 33131 tel: 305-374-8303 fax: 305-374-8306

DATE:	January 9, 2015	
TO:	Nanette	
FACSIMILE NO.:	(850) 245-6030	
FROM:	Jeffrey S. Boyles	
REGARDING:	DAEDAL, LLC	
NUMBER OF PAGES:	4	
COMMENTS:	Please see the attached Articles of Amendo Daedal, LLC	nent to Articles of Organization of

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COVER LETTER

TO:	Registration Sect Division of Corpo	ion Prations			
cun ie c	DAEDAL,	LLC			
SUBJEC	·1:	Name of Limi	ted Liability Company		
The encl	osed Articles of A	mendment and fee(s) are subs	nitted for filing.		
Please re	turn all correspond	dence concerning this matter t	o the following:		
		JAAFAR CHOUFAN	I		
			Name of Person		•
		ALLEN, DYER, DOF	PELT, MILBRATH	GILCHRIST, PA	
			Firm/Company		-
		255 S. ORANGE AV	ENUE, SUITE 1401		_
			Address		-
		ORLANDO, FLORIE	A 32801		
			City/State and Zip Code		-
		JCHOUFANI@ADDN	AG.COM to be used for future annual r	port notification)	
For furth	er information co	ncerning this matter, please ca			
JAAF	AR CHOUFAN	NI	407 84	-2330	
	Name of	Person	Area Code	Daytime Telephone Number	π
Enclosed	d is a check for the	e following amount:			
□ \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certific (sed) Certific	ate of Status &

MAILING ADDRESS:

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

STREETI COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAEDAL, LLC	<u> </u>
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company
The Articles of Organization for this Limited Liability Company were: Florida document number L15000003871	filed on 01/07/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	ompany here:
DAEDAL IP, LLC	
The new name must be distinguishable and end with the words "T imited Liability Co	ampany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	TS 5
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	FF PR
(Mailing address MAY BE A POST OFFICE BOX)	0 F 0
	OF P
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Ener Florida street address
	File of B.
$\overline{}$	ity Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete performance accept the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office addressing the company has been notified in writing of this change.	rmance of my duties, and I am familiar with and led for in Chapter 605, F.S. Or, if this document is
If Changing F	Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending	amending the Managers or Authorized Member on our records, <u>enter t</u> thorized Member being added or removed from our records:		the title, name, and address of each Manager or		
MGR= N					
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action		
			☐ Remove		
			□ Add		
			•		
			FOR T		
			T L E L STAGE		
			PECS :		
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			□ Add		
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			☐ Rémove		
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. If amending any other information	, enter change(s) here:	(Attach additional sh	neets, if necessary.)
<u> </u>			
Effective date, if other than the da	te of filing:		(optional)
The effective date must be specific, comet be the date this document is filed by the Florid	e prior to date of receipt or file	d date and cannot be more	than 90 days after
•	2015		
Dated JANUARY 9		-	
	5		
Sig	nature of a member or authori	zed representative of a m	ember
JEFFREY S. BOYLE	S, MANAGER	}	
	Typed or printed	name of signer	

Page 3 of 3

Filing Fee: \$25.00

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