

3053747593

2/17/2017 3:57:12 PM PAGE 2/005

Fax Server

Division of Corporations

Page 2 of 2

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000047203 3)))



H170000472033ABCY

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLP  
Account Number : 075350000132  
Phone : (305) 374-7580  
Fax Number : (305) 351-2122

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

Email Address: vvalladares-alfaro@bilzin.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LAMDESK LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$60.00

RECEIVED

2017 FEB 20 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDASECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 FEB 20 AM 9:14

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

2017 FEB 20 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

((H17000047203 3)))

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Lamdesk 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 01/16/2015 and assigned  
Florida document number L15000009526

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

9655 South Dixie Highway, Suite 300

Miami, FL 33156

**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:

Jocelyn Larkin

New Registered Office Address:

9655 South Dixie Highway, Suite 300

Enter Florida street address

Miami

Florida 33156

City

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

Page 1 of 3

(((H17000047203 3)))

If attending 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Pio Monte International Corporation	Kings Court, 3rd Floor, Bay Street	<input type="checkbox"/> Add
		Nassau, Bahamas	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jeremy Larkin	9655 South Dixie Highway	<input checked="" type="checkbox"/> Add
		Suite 300	<input type="checkbox"/> Remove
		Miami, FL 33156	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2017 FEB 20 AM 9:15  
FILED  
CLERK OF DISTRICT COURT  
NASSAU, BAHAMAS

(((H17000047203 3)))

(((H17000047203 3)))

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**The company is a Manager-Managed company.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_FILED  
2017 FEB 20 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If no effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated

February 17, 2017

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Jeremy Larkin, as Manager and Authorized Representative of Member

\_\_\_\_\_  
Typed or printed name of signee

(((H17000047203 3)))