

LI5000110092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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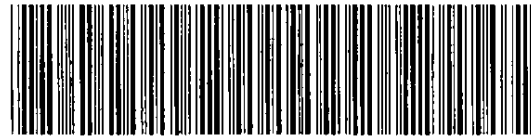
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

JUN 22 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** E-DEAS VENTURES LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LEONARDO LEPIANE

\_\_\_\_\_  
Name of Person

LDL CONSULTANTS LLC

\_\_\_\_\_  
Firm/Company

555 NE 34TH ST APT 1107

\_\_\_\_\_  
Address

MIAMI, FLORIDA 33137

\_\_\_\_\_  
City/State and Zip Code

LLEPIANE@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEONARDO LEPIANE

305

301-7180

at (\_\_\_\_\_)

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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  
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**

E-DEAS VENTURES LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/24/2015 and assigned Florida document number L15000110092.

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 "L.L.C."

Enter new principal offices address, if applicable:

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

1072 PINE BRANCH DR

WESTON, FLORIDA 33326

Enter new mailing address, if applicable:

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

555 NE 34TH ST APT 1107

MIAMI, FLORIDA 33137

**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:

LEONARDO LEPIANE

New Registered Office Address:

555 NE 34TH ST APT 1107

*Enter Florida street address*

MIAMI

Florida 33137

*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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	MARIO OSORIO	1072 PINE BRANCH DR.	<input checked="" type="checkbox"/> Add
		WESTON, FL 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RENE RAMIREZ	1072 PINE BRANCH DR.	<input type="checkbox"/> Add
		WESTON, FL 33326	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	FERNANDO KAMINSKI	1072 PINE BRANCH DR.	<input checked="" type="checkbox"/> Add
		WESTON, FL 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<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

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CLERK OF COURT  
TALLAHASSEE, FLORIDA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an 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.

(b) The 90th day after the record is filed.

Dated JUNE 15TH, 2017

Signature of a member or authorized representative of a member

LEONARDO LEPLANE

Typed or printed name of signee