# 115000189845

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SECRETARY OF STATE

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## **COVER LETTER**

•	istration Sedision of Cor							
SUBJECT:	Diprolaser LLC							
Name of Limited Liability Company								
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return	all correspon	ndence concerning this matter	to the following:					
		Andres Bustamante						
			Name of Person					
		Diprolaser LLC						
			Firm/Company					
		2481 SW Velarde St.						
			Address					
		Port St. Lucie FL 34953						
			City/State and Zip Code					
		anbustamante@comcast.ne		<del></del>				
For further in	formation co	oncerning this matter, please co	to be used for future annual report notif	cation)				
Andres Busta	amante		561 516 0497 at ()					
	Name of	Person	Area Code Daytime	Telephone Number				
Enclosed is a	check for th	e following amount:						
□ \$25.00 Fi	iling 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, F1, 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

Diprolaser LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L1500189845	were filed on November 15, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Define Translation Services LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	529 SW Prima Vista Blvd # 3G	
(Principal office address MUST BE A STREET ADDRESS)	Port St. Lucie, Florida 34983	<del></del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address her		AUG 31 PH 1: 19  LAHASSEE, FLORIDA  ter the name of the new
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address	
	. Florida	
<del></del>	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> Name **Address Type of Action** □ Add \_\_\_\_ 🗆 Remove \_□ Change \_□ Add \_\_\_\_\_ □ Remove \_\_ Change \_\_\_\_\_ □ Add \_\_\_\_ Remove \_\_\_\_\_ Change \_\_ 🗆 Remove \_\_\_\_ Change \_\_ 🗆 Add \_\_□ Remove \_\_\_\_ Change \_ 🛛 Add ☐ Remove \_\_\_\_ Change

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Effective date, if other the (If an effective date is listed, the Note: If the date inserted in document's effective date of	nan the date of filing:  date must be specific and cannot in this block does not meet the on the Department of State's	e applicable statutory filir	(optional) nore than 90 days after filing ag requirements, this date	.) Pursuant to 605.0	)207 (3 I as th
		but not an effective	time, at 12:01 a.m.	on the earlier	r of:
the record specifies a c ) The 90th day after t Dated August 24		7 <u>.</u>			

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Filing Fee: \$25.00