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S. WARREN

AUG 02 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DFB CONSULTING LLC
Name of Limited Liability Company

The enclosed documents are being filed with the Division of Corporations.

Please return all correspondence concerning this matter to the following:

LUISA LANDRIANI
Name of Person

DFB CONSULTING
Firm/Company

1071 NE 82ND TERRACE
Address

MIAMI, FL 33138
City/State and Zip Code

LUISA @ DFB CONSULTING, LLC
E-mail address: (to be used for future annual report notification)

For further information, please call the Division of Corporations at (904) 493-2000.

LUISA LANDRIANI at (954) 242 7045
Name of Person Area Code Daytime Telephone Number

Enclosed is the fee for the filing of this document.

- ☒ \$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**

(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 _____ and assigned
Florida document number _____.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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>
AMBR	GIOVANNI POTENTE	2201 W. SZ STR	<input type="checkbox"/> Add
		HALEAH, FL 33016	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(1) For all cases, a date is listed; the date must be given in full, without any reference to date of filing or entry, and must be 30 days after filing; pursuant to 35 U.S.C. 112(b).

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The fifth day after the record is given.

Don D. Ray
Signature of a member or authorized representative of a member

FRANC DAVIDE BORGIA
Typed or printed name of signer

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NEW YORK, NEW YORK