## L14000030479

(Re	questor's Name)		
(Ad	dress)		
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(Cit	y/State/Zip/Phone	e #)	
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(Bu	siness Entity Nar	ne)	
(Document Number)			
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May July Pale

## **COVER LETTER**

TO: Registration S Division of Co					
DEFED I. SUBJECT:	LC				
	Name of Lin	nited Liability Company			
and the second					
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	ROBERTO DILENA				
		Name of Person			
ENTERPRISE RESOURCE PLANNING INC					
	Firm/Company				
	1000 NW 57TH CT STE	1040			
	Address				
	MIAMI, FL 33126				
	City/State and Zip Code				
	<del>-</del>	SDILENA@ERP-INC.COM			
		to be used for future annual report notif	ication)		
For further information	concerning this matter, please c	all:			
ROBERTO DILENA		305 471-5874			
Name	of Person		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)		
MAII	JNG ADDRESS:	STREET/COURI	CR ADDRESS:		

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

Registration Section Division of Corporations
Clifton Building
2661 Executive Center Circle Tailahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEFED LLC		
(Name of the Limited Liabi (A Flori	ility Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	Company were filed on 02/12/201	6 and assigned
Florida document number L16000030479	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del> </del>	
(Principal office address MUST BE A STREET ADD	RESS)	Po T
		promite the second seco
Enter new mailing address, if applicable:	,	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		
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		<u>5</u> 7 5
B. If amending the registered agent and/or registered agent and/or the new registered office ade		ecords, enter the name of the new
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>	Name	Address	Type of Action
MGR	DI MARCO CRISTIAN	19195 NE 36 CT #2901	<b>≌</b> Add
		AVENTURA, FL 33180	□ Remove
			☐ Change
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	4-1	-	Add
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). If am	ending any other information	on, enter change(s)	here: (Attach addit	ional sheets, if necesse	ary.)		
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Note: docun	ive date, if other than the diffective date is listed, the date must be a lift the date inserted in this blochent's effective date on the Depart of specifies a delayed of 90th day after the record	k does not meet the a artment of State's rec effective date, bu	applicable statutory fili cords.	ng requirements, this da	te will not he li	sted as th	3)(b) i¢
Datail	MAY 16	2016					
Dated		<del>                                      </del>			So		~ . ,
	ARIEL F MALPEZZI,		authorized representativ	e of a member		77 23	
		Typed or	printed name of signee	* **	- co	5: 	( ) ·
		I	Page 3 of 3			9:03	A SERVICE

Filing Fee: \$25.00