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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone #	<u>n</u>
	<u></u>	
PICK-UP	· MAIT	MAIL
(Bı	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
On a sight and a sign at a	Etter Office	
Special Instructions to	Filing Officer:	
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Office Use Only



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02/22/16--01020--002 **25.00

Amend



FEB 23 2016 N. CAUSSEAUX

* COVER LETTER

TO: Registration Se Division of Con			
SUBJECT:	PUMP'	D TECH LL	.C
	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Yehu	da M. Levy Name of Person	
	0	Firm/Company	
	95 3	IE 175th Street	
	ylevy 199	City/State and Zip Code 13 @ gmail. com	
For further information c	oncerning this matter, please c	to be used for future annual report notif	ication)
Yehuda	levy	n (786) 553-	7578
Name o	f Person	at (786) 553 - Area Code Daytime	Celephone Number
Enclosed is a check for the	ne 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

DUMPIO TECH //C

PUMP /ECA					
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears o Liability Company)	n our records.)			
The Articles of Organization for this Limited Liability Company Florida document number	were filed onF	ebruary 12,2016 and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here	:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the design	gnation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		真有			
(Principal office address MUST BE A STREET ADDRESS)		5/2 3			
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Enter new mailing address, if applicable:		700			
(Mailing address MAY BE A POST OFFICE BOX)	RIE				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:	ffice address on o	ur records, <u>enter the name of the new</u>			
New Registered Office Address:					
	Enter Florida	street address			
 	Can	, Florida Zip Code			
New Registered Agent's Signature, if changing Registered Agent:	City	гір Соде			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	performance of my	pacity. I further agree to comply with the oduties, and I am familiar with and upter 605, F.S. Or, if this document is			

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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ELIYAHOU GREEN	***************************************	□ Add
		1398 NE 176# street Miami, FL 33	Remove
			Change
			🗖 Add
			Remove
			□ Change
			16 A 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
			Remove
			Grange 29
			C Rad
			☐ Remove
			☐ Change
			□ Add
			Remove
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ective	date, if other than	the date of fi	ling:			(op	tional)	
n effectiv te: If ti	ve date is listed, the dat he date inserted in th	te must be specific his block does n	and cannot l	e prior to da applicable	te of filing or mo statutory filing	re than 90 days af requirements, t	ter filing.) Pursua his date will not	nt to 605.020 be listed a
cument'	's effective date on t	he Department	of State's re	ecords.		1 ,		
	d specifies a del			ut not an	effective ti	me, at 12:01	a.m. on the	earlier o
he 90	th day after the	record is file	ed.					
	F.I	17	2	-11				
ted	1 Ebruary	/	, <u>U</u>	<u> 216</u> .				
	February		ilal	1. 2.	11			
		Signature of	of a member	or authorized	representative of	f a member	<u> </u>	
		-	~	م	Levy			

Page 3 of 3

Filing Fee: \$25.00