

L14000058624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

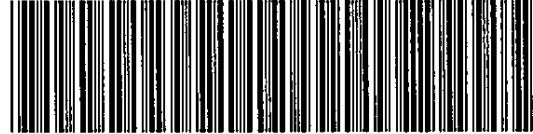
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900287663859

07/11/16--01019--020 **35.00

FILED
16 SEP 22 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 23 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D&D DESIGN & DEVELOPMENT SOLUTIONS 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:

JULIANA VALENTINA CARRILLO

Name of Person

J
Firm/Company

2270 SW 2ND TERRACE

Address

MIAMI FL 33135

City/State and Zip Code

x VALENTINACARRILLO1@GMAIL.COM

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

For further information concerning this matter, please call:

x JULIANA Carrillo

Name of Person

at *(+786)*

Area Code

x 302 59 75

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 14, 2016

JULIANA VALENTINA CARRILLO
2270 SW 2ND TERRACE
MIAMI, FL 33135

SUBJECT: D&D DESIGN & DEVELOPMENT SOLUTIONS LLC
Ref. Number: L16000058624

16 SEP 22 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for D&D DESIGN & DEVELOPMENT SOLUTIONS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 616A00014715

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

D & D DESIGN & DEVELOPMENT SOLUTIONS LLC

(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 03/23/2016 and assigned
Florida document number L16000058624.

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)

2270 SW 2ND TERRACE

MIAMI FL 33135

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2270 SW 2ND TERRACE

MIAMI FL 33135

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:

N/A

New Registered Office Address:

2270 SW 2ND TERRACE

Enter Florida street address

MIAMI

Florida 33135

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.

N/A

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

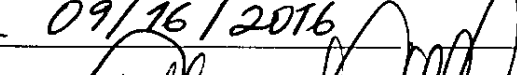
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CARAMELLINO ROJAS ISABEL	11603 NW 89TH STREET # 2016	<input type="checkbox"/> Add
		DORAL FL 33178	<input checked="" 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
			<input type="checkbox"/> Add
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

RECEIVED
MILWAUKEE
STATE
MAY 11 2011
16 ST
22

[illegible]

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.

Dated 09/16/2016

 Signature of a member or authorized representative
JULIANA VALENTINA CARRILLO

 Typed or printed name

16 SEP 22 PM 1:02
SITUATION OF STATE
TALLAHASSEE FLORIDA