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09/19/16--01014--009 **25.00

SEP 2 0 2016 S. YOUNG



COVER LETTER

TO: Registration Se Division of Con		•	•
D2 LLC			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Steven F. Samilow		
		Name of Person	
	Steven F. Samilow, P. A.		
		Firm/Company	
	7777 Glades Road, Suite 1	00	
		Address	
	Boca Raton, FL 33434		
		City/State and Zip Code	 70 %
	samilow@aol.com	to be used for future annual report notif	
For further information of	oncerning this matter, please co	·	ication) - 24 08
Steven F. Samilow		561 245-4633	90
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D2 LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on April 19, 2016	and assigned
Florida document number L16000077444	 ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited 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 ADD	RESS)	
		<u> </u>
		70
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
The state of the s		
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	400000000000000000000000000000000000000	
	Enter Florida street address	
	, Florid	a
	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>	Address	Type of Action
AMBR	DIAZ INVESTMENTS, LLC	13015 N. W. 45TH AVENUE	_
		OPA LOCKA, FL 33045	□ Remove
			☐ Change
	***************************************		Add
			□ Remove
			☐ Change
			☐ Remove
			Add
	***************************************		□ Remove
		-	☐ Change
			□ Add
			☐ Remove
			□ Change
			☐ Remove
			□ Change

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Effective date, if other than the of if an effective date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the Department.	ck does not meet t	the applicabl	date of filing or i	nore than 90 days ang requirements,	ptional) ther filing.) Pursua this date will no	ant to 605.0207 at be listed as
he record specifies a delayed The 90th day after the reco	effective date, rd is filed.	, but not a	ın effective	time, at 12:0	1 a.m. on the	e earlier of:
Dated SEPTEMBER 14	20)16				
				1	-14	
	ignature of a memb	her or authoriz	ed representative	e of a member	Saller	

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Typed or printed name of signee

Filing Fee: \$25.00