

L16000172755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

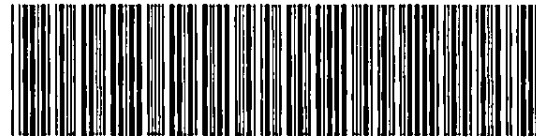
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COUNTY OF ST. LUCIE
TALLAHASSEE, FLORIDA

S. WARREN

DEC 04 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 13, 2017

MARIA C SOUSA
7345 W SAND LAKE RD, SUITE 304
ORLANDO, FL 32819

SUBJECT: CLOUDDOC LLC
Ref. Number: L16000172755

We have received your document for CLOUDDOC LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

CAN NOT HAVE THE WORD CORPORATION IN A LLC NAME, PLEASE
AMEND ACCORDINGLY

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 517A00022923

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLOUDDOC 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:

MARIA C SOUSA
Name of Person
SOUSA & ASSOCIATES INC
Firm/Company
7345 W SAND LAKE RD , STE 304
Address
ORLANDO, FL 32819
City/State and Zip Code
CAROL@SOUSANASSOCIATES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA C SOUSA at (407) 800-7028
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

CLOUDDOC 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 09/15/2016 and assigned Florida document number 216000172755.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

INTERFY INTERNATIONAL LLC

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)

7345 W SAND LAKE RD

STE 304

ORLANDO, FL 32819 US

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7345 W SAND LAKE RD

STE 304 ORLANDO, FL 32819

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:

SOUSA & ASSOCIATES INC

New Registered Office Address:

7345 W SAND LAKE RD , STE 304

Enter Florida street address

ORLANDO

City

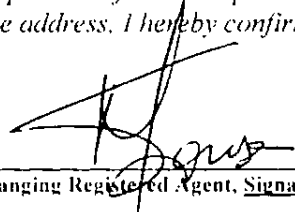
Florida

32819

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

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STATE
OF FLORIDA

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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 FLORIDA

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(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 90th day after the record is filed.

Dated NOVEMBER 03RD, 2017

Receivencia Mariano Martins

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U.S. DISTRICT COURT
TALLAHASSEE, FLORIDA