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2016 NOV - 1 PM 1: 28
SECRETARY OF STATE

K. SALY NOV - 3 2016

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Developer Trade Show + Trade Expo, 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:
Giovanni Nicosia
Seveloper Tade Show Firm/Company
4175 Davie RJ # 110
Address
City/State and Zip Code Micosi A / C & S MSI/. CO M E-mail address: (to be used for future angulal report notification)
For further information concerning this matter, please call:
Giovanni at 954, 126-5580
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

2016 NOV - 1 PM 1:28

TAL CAHASSEE, FLORIDA

Name of the Limited Liability Compan (A Florida Limited Li	Trade	Expo,	CALCAHAS	RY OF C. 29
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now app iability Compan	pears on our record	ds.)	E. FLORIE
·	, ,		111	MOA
The Articles of Organization for this Limited Liability Company v	were filed on	10/26/	///	and assigned
The Articles of Organization for this Limited Liability Company value of Organization for the Organization for		/ /		. 1
This amendment is submitted to amend the following: $\mathbf{b} \in \mathbf{V}$	eloper	Showcase	. + Trad	e Expo, Ll
71, 11 differing matric, enter the new matric of the milited habit	it i company	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Developer Showers + Tra	de Ex	spo, LL	C	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," t	le designation "LLC	C" or the abbrevia	ntion "L.L.C."
Enter new principal offices address, if applicable:		P/A		<u>.</u>
(Principal office address MUST BE A STREET ADDRESS)				
				_
				-
Enter new mailing address, if applicable:	λ.) / A		
*		. , ,		
(Mailing address MAY BE A POST OFFICE BOX)				.
			•	
B. If amending the registered agent and/or registered off	fice address	on our record	ls, enter the	name of the new
registered agent and/or the new registered office address here	:			
	٦,			
Name of New Registered Agent:	<u>~~/</u>	A		
Now Degistered Office Address:				
New Registered Office Address:	Enter	Florida street addre	ess	
		grit,	1	
	City	, F	lorida Zi	p 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

	from our records:	NIA		e title, name, and address of eac	
MGR = M AMBR = A	anager uthorized Member	/~ / <i>f</i> 1		2016 NO.	
<u> Title</u>	<u>Name</u>		<u>Address</u>	2016 NOY - 1 PM 1:24 FALLAHASSEE, FLORIDA	Type of Action
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		SECRETARY OF STATE TALLAHASSEE, FLORIDA
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*		
		NA
If an effective date is lis	ther than the date of filing: sted, the date must be specific and cannot be prior to date of filing of serted in this block does not meet the applicable statutory f	or more than 90 days after filing.) Pursuant to 605.0207 (3)
document's effective	e date on the Department of State's records.	
	es a delayed effective date, but not an effective after the record is filed.	e time, at 12:01 a.m. on the earlier of:
Dated/(<u>0/3///6</u> ,	_
<u> </u>	Signature of a member or authorized representa	ntive of a member
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	GIOVANNI //icosi	$^{\prime}\Lambda$

Page 3 of 3

Filing Fee: \$25.00