L17000064768

(Requestor's Name)	
(Address)	200297359982
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	04/03/1701013013 **25.00
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	17 AP
Special Instructions to Filing Officer:	APR -3 &

Office Use Only

APR 0 4 2017

Y SULKER

COVER LETTER

TO:

	istration Se sion of Cor				
elibiece.		CLOUD DINING	TECHNOLOGIES, 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	ondence concerning this matter	to the following:		
			RODRIGO SUCASAS		
			Name of Person		
		MERC	URYNET ENTERPRISES, LI	LC	-
٠		····	Firm/Company		
		3	109 GRAND AVE SUITE 331		·
			Address		
			MIAMI/FL 33133		
			City/State and Zip Code		
		E mail address (rodrigo@mercurynet.biz to be used for future annual report		
For further in	formation c	oncerning this matter, please ca		notineation)	
	Rodrigo	Sucasas	786 at ()	544-0550	
	Name o	f Person	Area Code Day	ytime Telephone Number	*****
Enclosed is a	check for th	ne following amount:			
\$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &
			•		
	Registr Divisio	ING ADDRESS: ration Section on of Corporations	Registration Se Division of Co	rporations	
	P.O. Bo	ox 6327	Clifton Buildin	ıg	

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

	CLOUD DINING	rechnologies, l	LC		
(Name of the Lin	ited Liability Compa (A Florida Limited)	ny as it now appears Liability Company)	on our records.)		
he Articles of Organization for this Limited lorida document numberL170000647	•	were filed on	03/21/2017	and as	signed
his amendment is submitted to amend the fo	llowing:				
If amending name, enter the new name	of the limited liab	ility company her	<u>e</u> :		
N/A					
ne new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the des	ignation "LLC" or the a	bbreviation "L	.L.C."
nter new principal offices address, if appl	icable:	N/A			
incipal office address MUST BE A STREET ADDRESS)		N/A			
		N/A			
nter new mailing address, if applicable:		N/A			
Aailing address MAY BE A POST OFFICE	E BOX)	N/A			
		N/A			
3. If amending the registered agent and egistered agent and/or the new registered of			our records, <u>enter</u>	<u>်း</u> မ	
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A				, r.a
		Enter Florid	a street address	- 34°	
	N/A		, Florida N	//A	
		Citv	· · · · · · · · · · · · · · · · · · ·	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

١

Title	<u>Name</u>	Address	Type of Action
AMBR	RICHARD BILDA	P.O. Box 143342, Coral Gables, FI	Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove □ Change
			Add Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

Please change Mailing Address =	= P.O. Box 331811 Miami, FL 33	3233		
		· · · · · · · · · · · · · · · · · · ·		

			· · · · · · · · · · · · · · · · · · ·	
		<u> </u>	····	
	· · · · · · · · · · · · · · · · · · ·			
· · · · · · · · · · · · · · · · · · ·				•.
		· · · · · · · · · · · · · · · · · · ·	\	<u> </u>
				7.7
				25 S
				(m)
				83
ctive date, if other than the date effective date is listed, the date must be	te of filing:	CELLO or more than 00 d	(optional)) is
e: If the date inserted in this block	does not meet the applicable stat	utory filing requireme	nts, this date	will not be
ament's effective date on the Depar	rtment of State's records.			
ecord specifies a delayed ef	ffective date, but not an ef	fective time, at 12	2:01 a.m. d	on the ea
ne 90th day after the record	l is filed.			
02/21	2017			
ed	· · · · · · · · · · · · · · · · · · ·	1		
		<u></u>		
		/		

Page 3 of 3

Filing Fee: \$25.00