118000198419

(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



300319457743

10/19/18--01015--017 **25.00



COVER LETTER

TO: Registration So Division of Co			
SUBJECT:D	& DIMAGES, L. Name of Lim	LC ited Liability Company	
	Amendment and fee(s) are sub	-	
·	- -	12ard Del Alcaza Name of Person	<u>r</u>
	12424 CW	Firm/Company 73rd Terrall	
		Address L 33193 City/State and Zip Code	
	ddimage S m	to be used for future annual report notific	Cation)
For further information of	concerning this matter, please ca	all:	•
Orlando I Name o	LAZAY DO DO Al (QZ)	at (180) 297 97 Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
风 \$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)
	ING ADDRESS:	STREET/COURIE Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UE DIMUGES, LLC	<u></u>
(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 8202018 Florida document number 18000198419 .	and assigned
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 ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Tricipal office address most be A STREET ADDRESS	
(THE DATE OF ICE WAS IN COLUMN TO THE ASTREET ADDRESS)	
	
Enter new mailing address, if applicable:	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
Enter new mailing address, if applicable:	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enterregistered agent and/or the new registered office address here: Name of New Registered Agent:	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enterregistered agent and/or the new registered office address here:	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enterregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	

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
MGR	Orlando L. Del Alcazar	13434 SW 73rd Terrai	1 DANDE
		Miami FL 33183	Remove
			Change
			🗆 Add
			Remove
			Change
			🗆 Add
			□ Remove
			Change
			Remove
			Change
			Add
			Remove
			Change
		.	
			□ Remove
			Change

_		
_		
_		
_		
_		
_		
_		
_		
_		
_		
_		
_	· · · · · · · · · · · · · · · · · · ·	
<u>lote:</u> F	te, if other than the date of filing:	.0207 (ed as t
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie day after the record is filed.	er of:
ated	ctober 15 . 2018	
ated _	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00