Division of Corporations Electronic Filing Cover Sheet

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(((H190001791573)))



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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DOUBLE YOU SPAILLC

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Electronic Filing Menu Corporate Filing Menu

JUN 5 7 12019

## (((H19000179157 3)j)) ARTICLES OF AMENDMENT TO ♣ ARTICLES OF ORGANIZATION OF

DOUBLE YOU SPAILLC	
(Name of the Limited Liabil	lity Company as it now appears on our records.) la Linuted Liability Company)
(**************************************	an animoto smoothly company;
The Articles of Organization for this Limited Liability (	Company were filed on 12/10/2018 and assigned
Florida document number L18000283460	
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 "Lin	mted Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	ત્ર
• • • • • • • • • • • • • • • • • • • •	[ · · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADD)	RESS)
	→ → → → → → → → → → → → → → → → → → →
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	2
	stered office address on our records, enter the name of the ne-
registered agent and/or the new registered office add	<u>Iress here</u> :
Name of New Registered Agent:	
New Registered Office Address	
	Enter Floraki siregi address
	, Florida
	Cny Zip Code
New Registered Agent's Signature, if changing Registere	ed 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 hability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

## (((H19000179157 3)))

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>	Name	Address	Type of Action
AMBR	QUINTERO, GUILLERMO A	1074 KANE CONCOURSE	D Add
		BAY HARBOR ISLAND, FL 33154	■ Remove
			Change
AMBR	CIORCIARI, MELANIA A	1974 KANE CONCOURSE	<b>=</b> Add
		BAY HARBOR ISLAND, FL 33154	🗆 Remove
			Change
			□ Remove
			Change
			Add T
		·	Remove
			Change
			Add
			□ Remove
			🗆 Change
			D Add
			Remove
			□ Change

MBIZ LLC	Page 5 of 5	2019-06-06 13 20 44 (GMT)	18887728108_From: Mike <b>i</b>
•		(((H19000179157 3)))	
). Hamei	nding any other informati	on, enter change(s) here: (Attach additional	sheets if necessary
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	** * **********************************		
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			<u>.</u>
	_		D .7
Effective (If an effect	e date, if other than the da	te of filing:	(optional)
- 1/1 <u>C.</u>	the date inserted in this mack	specific and cannot be prior to date of filing or more the does not meet the applicable statutory filing requ	on 90 days after filing.) Pursuant to 605,0207 (3)(b) tirements, this date will not be listed as the
documen	t's effective date on the Depa	rtment of State's records.	
the reco	rd specifies aldelayed e	ffective date, but not an effective time,	at 12:01 a.m. on the earlier of:
) The 9	Oth day after the record	is filed.	
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Dated M	A 1 Juin	20/2	
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