## 119000050948

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(Address)
(Address)
(1001033)
(City/State/Zip/Phone #)
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(Document Number)
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2019 ANG -5 PM 5: 50

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## **COVER LETTER**

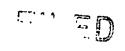
TO:

Registration Section Division of Corporations

	DER GADGET LLC		
SUBJECT:		ited Liability Company	
The enclosed Ameles of	Amendment and (be(s) are sub	mitted for filling.	
Please return all correspo	ndence concerning this matter	to the following:	
	RUBEN ZURGA		
	MIAMI ACCOUNTING 8	Name of Person e FAX SERVICES LLC	
	15807 BISCAYNE BLVD	Firm/Company STE 115	
	NORTH MIAMI BLACH.	Address FL 33160	
	RUBEN a MIATAN COM	City State and Zip Code	
	Formal address (	to be used for future annual report noti-	tication)
For further information co	oncerning this matter, please ca	all:	
Ruben Z	0169	786 657-2521	
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the \$25,00 Filing Fee	e following amount:  S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee, Certificate of Status &
		radditional copy is enclosed)	Certified Copy (additional copy is enclosed)
	NG ADDRESS:	S FREE I/COURT Registration Section	en –
Divisto	n at Corporations	Division of Corpor Clifton Building	
	ssee, 14, 32314	2661 Executive Ce	mer Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 AUG -5 PM 5:

FUL ACOMPRECIATION OF CITE	·	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.19000050948		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "I imited I jabi	thty Company," the designation "L.L.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	15807 BISCAYNE BLVD STE 115	
(Principal office address MUST BE A STREET ADDRESS)	NORTH MIAMI BEACH, FL 33160	
Enter new mailing address, if applicable:	15807 BISCAYNE BLVD STE H5	
Mailing address MAY BE A POST OFFICE BOX)	NORTH MIAMI BEACH, FL 33160	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:  New Registered Office Address:	<u> </u>	
. •	Enter Florida street address	
	Civ Zin Code	
	Cay /m Cade	

## 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.

41 Changing Registered Agent, Signature of New Registered Agent

11 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

Title	<u>Name</u> IUAN IGNACIO PEREZ	Address 15807 Biscayne Blyd Ste 115	Type of Action
AMBR -	TORRES	North Aliami Beach, FL 33160	≅ Add
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	08/01/2019
E. Effective date, if other than	the date of filing: (optional)
<ul> <li>(If an effective date is listed, the date <u>Note:</u> If the date inserted in th</li> </ul>	e must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 ( his block does not meet the applicable statutory filing requirements, this date will not be listed as the he Department of State's records.
f the record specifies a dela b) The 90th day after the	ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: record is filed.
	2010
Dated Augiust 1	2019
	Jan L
	Signature of a member or authorized representative of a member
Ruben Zurga	
•	Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00