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| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | idress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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7/1/1/18

COVER LETTER

TO: Registration Section

| Division of Corporations | |
|--|-------|
| SUBJECT: ID TIL, FLORIDA LIMITED LIABILTY COMPANY Name of Limited Liability Company | |
| 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: | |
| The last retain an correspondence concerning this maner to the rottowing. | |
| | |
| 1TALO LOZADA Name of Person | |
| | |
| 4719 N. OCEAN BLVD. Firm/Company | |
| Firm/Company | |
| | |
| Address | |
| | |
| LAVAERPALE BY THE SEA, FL 33308 | |
| Chyrstaic and Zip Code | |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| <u>-</u> | |
| FAANCIS R. DELUKA, ESQ at (954) 822-4954 Name of Person Area Code Daytime Telephone Number | |
| Name of Person Area Code Daytime Telephone Number | |
| | |
| Enclosed is a check for the following amount: | |
| \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee. Certificate of Status | |
| Certificate of States | s & |
| (additional copy is enclosed) Certified Copy (additional copy is enclosed) (additional copy is encl | osed) |
| | |
| | |
| Mailing Address: Street Address: | |
| Registration Section Registration Section Division of Corporations Division of Corporations | |
| P.O. Box 6327 The Centre of Tallahassee | |
| Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 | |
| Tallahassee, FL 32303 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ID III, LLC | | | | | |
|--|---|----------------------------------|--------------------------|------------------|-----------------------|
| (Name of the Limite | ed Liability Company A Florida Limited Lia | as it now appe bility Company | ears on our re) | ecords.) | |
| The Articles of Organization for this Limited Lis | | ere filed on _ | 6/12/ | 2019 | and assigned |
| This amendment is submitted to amend the follo | | | | | |
| A. If amending name, enter the new name of | the limited liabilit | ty company | <u>here</u> : | | |
| The new name must be distinguishable and contain the we | ords "Limited Liability | Company," the | designation | "LLC" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if applica | able: | | | | <u></u> |
| (Principal office address MUST BE A STREE | T ADDRESS) | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I | <u>BOX)</u> . | | | | |
| B. If amending the registered agent and/or reagent and/or the new registered office addres | | dress on our | records, e | nter the name | of the new registered |
| Name of New Registered Agent: | Fran | ncis | R. | Deluc | a, Esp. |
| New Registered Office Address: | 347. | 5 She Enter F | ridan Torida street a | Street ddress | - Suite 208 |
| | Hollyn | seed | | _, Florida | 33021 |
| Name Descriptions of Agent's Cignotians of Abanging II | Junistanad Amanti | City | | | zip Coae |

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 | DANIELA ROVATI | 4719 N. OCEAN BLUD | □Add |
| | | LAUDENDALE BY THE SEA, | L ERemove |
| | | 33308 | □Change |
| MGR | ITALO LOZADA | 4719 N. OCEAN BLVD | □Add |
| | | LANDENDALE BY THE SEA, F | - ✓ □ Remove |
| | | 33308 | □Change |
| MER | YORDANKA GONZALE | 2 DMD 2500 SW 107 AVE | EAdd |
| | | SUITE 45 | □Remove |
| | | MINMI FL 33165 | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
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| | | | □Change |

| . 11 4111 | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an e Note | tive date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be prior to flate of filing or more than 90 days after filing.) Pursuant to 605.0207 (and the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records. |
| the reco | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| cord is | iled. |
| Dated | JUNE 14 2001 |
| | Signature of a member or authorized representative of a member |
| | |
| | 1TALO LOZADA Typed or printed name of signee |

Filing Fee: \$25.00