## L19000208724

(Requestor's Name)	
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(City/State/Zip/Phone #)	11 /07 /10 01010
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## **COVER LETTER**

TO: Registration Se Division of Cor			
Datanext I	TC		
SUBJECT:	Name of Lin	uited Liability Company	<del></del>
	Name of Lin	ated Lisothty Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	SANDRA R CALDERA	RO	
	CALDERARO TYRELL	Name of Person	
	CALDERARO I I RELL		· <del></del> · · · · · · · · · · · · · · · · · ·
	6301 NW 5TH WAY SU	Firm/Company TE 2000	
		Address	<del></del>
	FORT LAUDERDALE,	FL 33309	
	DLONDONO@VISAMI/	City/State and Zip Code	
	E-mail address:	to be used for future annual report not	fication)
For further information co	onceming this matter, please c	all:	
DANIELA LONDONO		954 3766161	
Name of	Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	-	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILI	ING ADDRESS:	STREET/COURI	IER ADDRESS:

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Datanext LLC	
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)  08/15/2019
The Articles of Organization for this Limited Liability Florida document numberL19000208724	Company were filed on and assigned
This amendment is submitted to amend the following	:
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbreviation "L L C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regregistered agent and/or the new registered office at	gistered office address on our records, enter the name of the new ddress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
<del></del>	, Florida

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JUAN G MORENO	Paseo Río Tomebamba y Paseo	Type of Action
MOR	JOAN O MORENO	Río Yanuncay	<b>5</b>
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\_\_\_ Change

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
•	
Note:	ive date, if other than the date of filing:  [coptional]  [coptional]
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	October 30 2019
	Signature of a measure of arthurized representative of a member
	Juan Eduardo Cordero Flores
	Typed or printed name of signee

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Page 3 of 3

Filing Fee: \$25.00