

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SMART ACCOUNTING CORP

Account Number : I20140000063 Phone : (786)536-7882

Fax Number : (786)703-7962

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please

LLC AMND/RESTATE/CORRECT OR M/MG RESIG DADE WREKING LLC

Certificate of Status	0
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Page Count	01.
Estimated Charge	\$25.00

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ف	·	COVER LETTER	14120000000
TO: Registration Se Division of Cor			
SUBJECT:	DADE U	IREKING LLC imited Liability Company	
	Name of L	imited Liability Company	
The enclosed Articles of	Amendment and fee(s) are s	ubmitted for filing.	
Please return all correspo	ondence concerning this matt	er to the following:	
	FEL	Name of Person	
		Name of Person	***************************************
	DADE	E WREKING L	ــــــــــــــــــــــــــــــــــــــ
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		Address	
	HIA	LEAH FL 33 City/State and Zip Code	03
		City/State and Zip Code	
	E-mail address	: (to be used for future annual report no	ptification)
For further information of	oncerning this matter, please	call:	
FELIX	ALMERDA	at (786) 313. Area Code Dayti	.3581
Name o	f Person	Area Code Dayti	me Telephone Number
·	•		
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,

MAILING ADDRESS:

Certificate of Status

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

STREET/COURIER ADDRESS:

Certificate of Status &

Certified Copy (additional copy is enclosed)

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

Certified Copy

(additional copy is enclosed)

TO ARTICLES OF ORGANIZATION OF

H150002642363

DADE WREK	LING LLC
(Name of the Limited Liability Compar (A Florida Limited L.	y as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{10/38/30/5}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability"	KING LLC ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	N/A N/A
Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	N/A
New Registered Office Address:	N/A N/A Enter Florida street address
•	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and covided for in Chapter 605, F.S. Or, if this document is
If Chang	ring Registered Agent, Signature of New Registered Agent
Page 1	

or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
		10/A	Add
			□ Remove
			Change
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Note: If the document'	he date inserted in 's effective date on	this block does the Departmen	not meet the applicat t of State's records.	28/15 date of filing or more the ole statutory filing required	ui <del>reme</del> nts, this d	ing.) Pursuant to 6 ate will not be li	sted as th
	d specifies a de Ith day after the			an effective time	, at 12:01 a.r	n. on the ear	lier of:
Dated	NOV	3 11 m	2015	<u>.</u>	THE NOW ALSO	1 - 24-500	-
		Signature	_	PLME(DA	nember >		
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Filing Fee: \$25.00