

L18000012878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

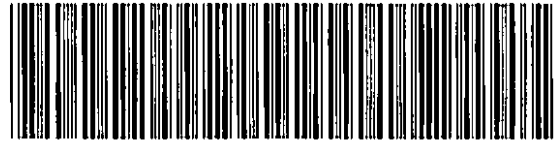
(Business Entity Name)

(Document Number)

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18 SEP -4 PM 1:52  
CLERK OF SUPERIOR COURT  
HALLSBORO, VERMONT

O SIMMONS  
SEP 08 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DELAWARE AVENUE & S 18TH STREET, LLC  
\_\_\_\_\_ 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:

RODOLFO M. BLANCO, ESQ.

\_\_\_\_\_  
Name of Person

RMB Consultants & Associates, LLC

\_\_\_\_\_  
Firm/Company

14406 NW 88th AVENUE

\_\_\_\_\_  
Address

MIAMI LAKES, FLORIDA 33018

\_\_\_\_\_  
City/State and Zip Code

rudy4869@yahoo.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rodolfo M. Blanco, Esq.

305

828-3359

at ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &  
Certificate of Status

\$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

\$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

DELAWARE AVENUE & S 18TH STREET, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/16/2018 and assigned  
Florida document number L18000012878

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SEP 14 PM 1:52  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
DADE, FLORIDA

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

184 U Vista ct.  
Ft. Pierce FL 34947

Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

184 U Vista ct.  
Ft. Pierce FL 34947

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

RODOLFO M. BLANCO, ESQ.

New Registered Office Address:

14406 NW 88 AVENUE

*Enter Florida street address*

MIAMI LAKES

*City*

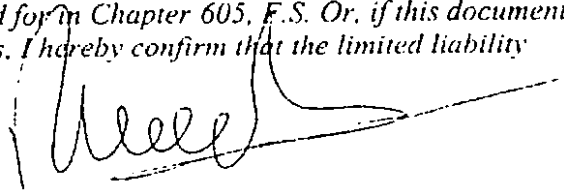
Florida

33018

*Zip Code*

**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>	<u>Address</u>	<u>Type of Action</u>
AMBR	GEORGE KUNCHANDY	6953 NW 19th STREET	<input type="checkbox"/> Add
		MARGATE, FLORIDA 33063	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALVARO CAMPUZANO	184 U. VISTA COURT	<input checked="" type="checkbox"/> Add
		FORT PIERCE, FLORIDA 34937	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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11:11  
AM  
CLERK OF DISTRICT COURT  
FORT PIERCE, FLORIDA

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

FEI/EIN Number is: 82-4106894

Lined area for amending information, currently blank.

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18 SEP -11 PM 1:52  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 03/16/2018 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated APRIL 2018

Signature of a member or authorized representative of a member

GUSTAVO CAMPUZANO

Typed or printed name of signee