

L02000023434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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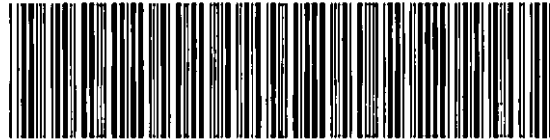
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C. GOLDEN

OCT 14 2020

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: METRO ROOF COATING AND CLEANING 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:

RAQUEL CAVE

Name of Person

DAUVE' LLC

Firm/Company

20245 NE 15TH COURT #B4

Address

MIAMI, FL 33179

City/State and Zip Code

EINCEPTION.NET@GMAIL.COM

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

For further information concerning this matter, please call:

RAQUEL CAVE 954 8055470
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
fe
- ☒ ~~\$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

METRO ROOF COATING AND CLEANING LLC

2010 10 AM 7:03

(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 9/10/2002 and assigned
Florida document number L02000023434.

This amendment is submitted to amend the following:

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

DAUVE' LLC

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:

20245 NE 15TH COURT #B4

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33179

Enter new mailing address, if applicable:

20245 NE 15TH COURT #B4

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL 33179

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:

EINCEPTION LLC

New Registered Office Address:

20245 NE 15TH COURT #B1

Enter Florida street address

MIAMI

City

Florida 33179

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

ending 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>
MGRM	LOUIS DAUPHIN	20245 NE 15TH COURT #B4	<input checked="" type="checkbox"/> Add
		MIAMI FL 33179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	RAQUEL CAVE	20245 NE 15TH COURT #B4	<input checked="" type="checkbox"/> Add
		MIAMI FL 33179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	IVAN SHEW-A-TJON	350 S UNIVERSITY DR #341	<input type="checkbox"/> Add
		PEMBROKE PINES FL 33025	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]


E. Effective date, if other than the date of filing: _____ (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 OCTOBER 9 2020


Signature of a member or authorized

Signature of a member or authorized representative of a member

LOUIS DAUPHIN

Typed or printed name of signee