

L04000035758  
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 : LICENSES & PERMITS LLC  
Account Number : I20210000155  
Phone : (305)226-8727  
Fax Number : (305)226-8767

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

Email Address: \_\_\_\_\_

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02 OCT -3 AM 9:17

FLORIDA  
DIVISION OF CORPORATIONS  
STATE

10:11 AM OCT 2 2023

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DAVID VIERA, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DAVID VIERA, 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:

LUCIA ESTRELLA

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

LICENSES & PERMITS

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

8300 WEST FLAGLER ST

\_\_\_\_\_  
Address

MIAMI, FL 33144

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

LICENSES114@GMAIL.COM

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

For further information concerning this matter, please call:

LUCIA ESTRELLA

at ( 305 ) 226-8727  
\_\_\_\_\_  
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 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

DAVID VIERA, 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 05/12/2004 and assigned  
Florida document number L04000035758.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

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 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>                   |
|--------------|--------------------------|---------------------------|---|
| MGR          | FARAH ABAY, JOSE MIGUEL  | 10435 NW 132 ST           | <input checked="" type="checkbox"/> Add |
|              |                          | HIALEAH GARDENS, FL 33018 | <input type="checkbox"/> Remove         |
|              |                          |                           | <input type="checkbox"/> Change         |
| MGR          | RODRIGUEZ MIERES, DIVIER | 10435 NW 132 ST           | <input checked="" type="checkbox"/> Add |
|              |                          | HIALEAH GARDENS, FL 33018 | <input type="checkbox"/> Remove         |
|              |                          |                           | <input type="checkbox"/> Change         |
|              |                          |                           | <input type="checkbox"/> Add            |
|              |                          |                           | <input type="checkbox"/> Remove         |
|              |                          |                           | <input type="checkbox"/> Change         |
|              |                          |                           | <input type="checkbox"/> Add            |
|              |                          |                           | <input type="checkbox"/> Remove         |
|              |                          |                           | <input type="checkbox"/> Change         |
|              |                          |                           | <input type="checkbox"/> Add            |
|              |                          |                           | <input type="checkbox"/> Remove         |
|              |                          |                           | <input type="checkbox"/> Change         |

