

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Name	e)
(D	ocument Number)	
Certified Copies	Certificates o	of Status
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EXAMINER



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1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994 Email: filing@ecfsfiling.com

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			FNUMBERS(S):
1.	(CORPORATE NAME)	Improvements	DETVICES, LLC (DOCUMENT#) LOSOO010993
2.	(CORPORATE NAME)		(DOCUMENT #)
3.	(CORPORATE NAME)		(DOCUMENT #)
[] Walk-In ☑ Pic	k up time: Certifie	d Copy Certificate Of Status
New Profit	Filings 4	Amendments Amendments Amendments	Other Filings
			And the State of t
Profit Non-P		Amendments	Annual Report
Profit Non-P	Profit d Liability	Amendments Resignation	Annual Report Fictitious Name

Examiners Initials

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIRGUEZ IMPROVEMENT SERVICES, 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 Com- Florida document number <u>L05000109935</u> .	pany were filed on 11/09/200	5 and assigned
Tronda document number		·
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the des	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		S
Enter new mailing address, if applicable:	·····	723
(Mailing address MAY BE A POST OFFICE BOX)		9 7 77
	 	081 2 T
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		Or .w
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 A	gent:	•
I hereby accept the appointment as registered agent and the provisions of all statutes relative to the proper and c accept the obligations of my position as registered agen	complete performance of my duti	es, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = M	Ianaging Member		
Title	Name	Address	Type of Action
		WE WILL DELETE THE FOLLOWING JAIME E VIRGUEZ 14% MGR ASISCOOP, LTDA 51% MGRN WE WILL ADD THE FOLLOWING MARIA A CAMARGO 20% MGR JUAN A VIRGUEZ 80% MGR	Add
			Add Remove
administrative vide deplicative and	·	•	Add Remove
			Remove
			Remove
			Add

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