

LO60000 53595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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AND
FILED
2019 MAY -6 PM 12:48
SECRETARY OF STATE
HALL COUNTY, GEORGIA

T GLASS

MAY 07 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2019

GEORGINA RODRIGUEZ
6906 NW 46ST
MIAMI, FL 33166

SUBJECT: DAML, LLC
Ref. Number: L06000053595

We have received your document for DAML, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass
Regulatory Specialist II

Letter Number: 019A00007655

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

41:2 PM 5-...16107

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAML
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:

Georgina Rodriguez
Name of Person

DAML, LLC
Firm/Company

6406 NW 46 St
Address

Miami, FL 33166
City/State and Zip Code

Avatar Construction 176@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Georgina Rodriguez at (786) 271-5006
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DAMI L, LLC dba Avatar Construction + Remedia
(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 5/16/2006 and assigned
Florida document number L06000053595

This amendment is submitted to amend the following:

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

N/A
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:

Hector LAUZARDO

New Registered Office Address:

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 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	DAVID A. Matos	6906 NW 46 STREET	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33166	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Georgina Rodriguez	6906 NW 46 STREET	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33166	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Hector Leonardo	6906 NW 46 STREET	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33166	<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

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 DEPARTMENT OF STATE
 MIAMI OFFICE
 FILED

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

Manager agents addresses change.
Adding New Manager
Hector Lauzardo

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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 4/1/ 2019

Signature of a member or authorized representative of a member

Georgiana Rodriguez
Typed or printed name of signer