

L09000115926

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(Address)

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(City/State/Zip/Phone #)

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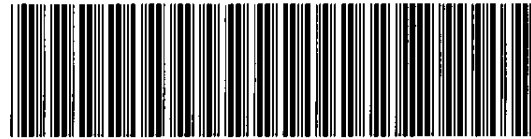
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**A. LUNT**

SEP - 8 2011

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SEREZ BUILDING CONTRACTOR, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JOHN P. MAAS

(Contact Person)

JOHN P. MAAS, ATTORNEY AT LAW

(Firm/Company)

44 N.E. 16 ST.

(Address)

HOMESTEAD, FL 33030

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN P. MAAS, ESQ.

(Name of Contact Person)

at ( 305 ) 247-7132

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**SEREZ BUILDING CONTRACTOR, 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 12/07/2009 and assigned  
Florida document number L09000115926

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 1011 N.W. 6th ST.  
(Principal office address **MUST BE A STREET ADDRESS**) HOMESTEAD, FLORIDA 33030

Enter new mailing address, if applicable: 1011 N.W. 6th ST.  
(Mailing address **MAY BE A POST OFFICE BOX**) HOMESTEAD, FLORIDA 33030

**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: JOSEPH GUGGINO  
New Registered Office Address: 1011 N.W. 6th ST.  
*Enter Florida street address*  
HOMESTEAD, Florida 33030  
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 608, 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 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 = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SEBASTIAN ORDONEZ	13220 S.W. 132 AVE. Unit 13 Miami, FL 33186	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JOSEPH GUGGINO	1011 N.W. 6th ST. Homestead, FL 33030	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	JOHN JAIRO GONZALEZ	15464 S.W. 99th Lane Miami, FL 33196	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated AUGUST, 2011

Signature of a member or authorized representative of a member

RICARDO ORDONEZ

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA