1000046288

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	·
(Cit	ty/State/Zip/Phone	· #)
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SECRETARY OF STATE

JUL 1 8 2013 J. BRYAN

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

Design Maintenance, 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:

Lourdes Torres

Name of Person

c/o Carlos de la Osa, C.P.A., PA.

Firm/Company

267 Minorca Avenue #200

Address

Miami, FL 33134

City/State and Zip Code

lourdes@delaosacpa.COM

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

For further information concerning this matter, please call:

Lourdes Torres

_{at} 305, 273-1040

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/COURIER ADDRESS:

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

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

· ·	CLES OF AM TO CLES OF ORO OF	IENDMENT GANIZATION	and asstored
	-		
Design Maintenance LLC			重 し
(<u>Name of the Limited L</u> (A F	iability Company a lorida Limited Liabi	s it now appears on our reco lity Company)	rds.)
The Articles of Organization for this Limited Liab	bility Company we	re filed on <u>4/27/10</u>	and assigned
Florida document number L10000046288			
This amendment is submitted to amend the follow	ving:		
	_		
A. If amending name, enter the new name of t	he limited liabilit	y company here:	
NA			
The new name must be distinguishable and end with "L.L.C."	the words "Limited	Liability Company," the desig	nation "LLC" or the abbreviation
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	_		
Timeput vijge www.ess.tiges bb. i. struss.			
	_		
Enter new mailing address, if applicable:		·····	
(Mailing address MAY BE A POST OFFICE Bo	<u>OX)</u>	**************************************	
	-		
B. If amending the registered agent and/or registered agent and/or the new registered officers.		e address on our records,	enter the name of the new
registered agent and/of the new registered off	ce audi ess nere.		
Name of New Registered Agent:	Carlos de la C	Osa	
New Registered Office Address:	267 Minorca	Avenue Suite 200	
New Registered Office Address.		Enter Florida si	treet address
	Coral Gables	E.	orida 33134
		, Fic Zity	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Rose Miraben	12200 SW 100 Street	Add
		Miami, FL 33186	Remove
MGRM	Yamilet Hodgins	13710 SW 145 Court	
		Miami, FL 33186	Remove
		TÄLLAHA	Add CREET Remove
			OF STATE AND Remove
	•		Add
			Add Remove

	r information, enter change(s) here: (Attach additional sheets, if necessary.)
NA	
-	
July 12	2013
	Signature of a member or authorized representative of a member
	DAVID HERREAL
	Typed or printed name of signee
	Dago 3 of 3

Filing Fee: \$25.00

