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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone #	(f)
PICK-UP	TIAW	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration So Division of Con			•••
Deck Buil	ders Miami LLC		
SUBJECT:			
	Name of Lin	ited Liability Company	· -
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Guillermo Pumar		
		Name of Person	
	Deck Builders Miami LC		
		Firm/Company	
	12850 W State Rd 84 #3-	7	
		Address	
	Davie, florida 33325		
	gpumar@deckbuildersmia	City/State and Zip Code mi.com	
	E-mail address: (to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
Guillermo Pumar		305 8340800	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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		Street Address: Registration So	ection
Division of C		Division of Co	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Deck Builders Miami LLC		
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)	
he Articles of Organization for this Limited Liability Complorida document number	pany were filed on April 28 2011	and assigned
nis amendment is submitted to amend the following:		
. If amending name, <u>enter the new name of the limited</u>	liability company here:	
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	7)	
The state of the s	<u> </u>	· · ·
		105
nter new mailing address, if applicable:		1019 DEC
Mailing address MAY BE A POST OFFICE BOX)		: /
		, <u>-</u> 0
		: 12
 If amending the registered agent and/or registered off gent and/or the new registered office address here: 	ice address on our records, <u>enter the </u>	name of the new regist
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>	Address	Type of Action
			
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
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			□Change

Page 2 of 3

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fective date, if other than the date of filing:	optional) safter filing.) Pursuant to 605.020 s, this date will not be listed as
record specifies a delayed effective date, but not an effective time, at 12: The 90th day after the record is filed.	01 a.m. on the earlier o
November 24Th 2019	
ted	
Signature of a member or authorized representative of a member	