

L12000086601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300278407403

10/27/15--01002--018 \*\*60.00

FILED  
2015 OCT 27 A 11:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 28 2015

3 MASON

**MR. EMILIO E DIAZ  
ALL SMOOTH IRRIGATION, LLC  
19806 SW 130 AVE RD  
MIAMI, FL 33177  
(305) 299-1313**

10/13/15

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Associate:

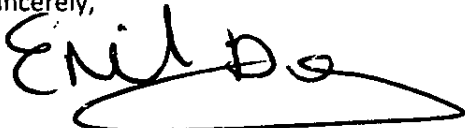
RE: ALL SMOOTH IRRIGATION, LLC Document #L12000086601

Please accept our Articles of Amendment for the above named Corporation. I would like to delete Ismael Garcia from the records and add Lydia <sup>Diaz</sup> as an "AMBR" Member. I am also changing the street and mailing address of this corporation to: 19806 SW 130 Ave RD, Miami, FL 33177

I am enclosing a check in the amount of \$60.00 to pay for the cost.

Should you need any additional information please do not hesitate to get in contact with me at the above address or telephone number.

Sincerely,

A handwritten signature in black ink that reads "Emilio E Diaz". The signature is stylized, with the first name "Emilio" written in a cursive script and the last name "Diaz" in a more blocky, capital-letter style. A large, sweeping underline is drawn beneath the entire signature.

Emilio E Diaz

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ALL SMOOTH IRRIGATION, 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:

LYDIA DIAZ

\_\_\_\_\_  
Name of Person

ALL SMOOTH IRRIGATION, LLC

\_\_\_\_\_  
Firm/Company

19806 SW 130 AVE RD

\_\_\_\_\_  
Address

MIAMI, FL 33177

\_\_\_\_\_  
City/State and Zip Code

ALLSMOOTHIRRIGATION@HOTMAIL.COM

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

For further information concerning this matter, please call:

LYDIA DIAZ

305 299-1313  
at ( )

\_\_\_\_\_  
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**

ALL SMOOTH IRRIGATION, 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 07/02/2012 and assigned  
Florida document number L12000086601.

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

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

19806 SW 130 AVE RD

MIAMI, FL 33177

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

19806 SW 130 AVE RD

MIAMI, FL 33177

**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:

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	ISMAEL GARCIA	14650 SW 160 TERRACE	<input type="checkbox"/> Add
		MIAMI, FL 33177	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LYDIA DIAZ	19806 SW 130 AVE RD	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33177	<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
			<input type="checkbox"/> Add
			<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

2015 OCT 27 A 11:57  
 SECRETARY OF STATE  
 ALBANY, N.Y. 12224-4000  
 TEL: 518.474.8500  
 FAX: 518.474.8501  
 WWW.STATE.NY.GOV

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

[illegible]

**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 Oct. 21, 2015

Encl. D. 2

Signature of a member or authorized representative of a member

EMILIO DIAZ

Typed or printed name of signee

RECEIVED  
U.S. DEPT. OF STATE  
WASHINGTON, D.C. 20520  
OCT 27 11:57 AM '64