

L13000082722

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 15 2015
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D&M Group Contractor 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:

MANUEL E BLANCO
Name of Person

D&M Group Contractor LLC
Firm/Company

12741 SW 42nd suite 173
Address

MIAMI FL 33175
City/State and Zip Code

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

For further information concerning this matter, please call:

MANUEL E BLANCO at (717) 882-9921
Name of Person Area Code Daytime Telephone Number

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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**

D & M Group 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 04/04/2013 and assigned Florida document number L13000082722.

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)

12741 SW 42 st suite 173
miami FL 33175

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12741 SW 42 st suite 173
miami FL 33175

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:

manuel E BLANCO

New Registered Office Address:

12741 SW 42 st suite 173

Enter Florida street address

miami

, Florida

City

Zip Code

33175

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>
<u>UGR</u>	<u>MANUEL E BIANCO</u>	<u>12741 SW 42 ST SUITE 173</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI FL. 33175</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>UGRM</u>	<u>DIAZ Ateha, Rene</u>	<u>13566 SW 286 TERRACE</u>	<input type="checkbox"/> Add
		<u>Homestead FL 33033</u>	<input checked="" type="checkbox"/> Remove ←
			<input type="checkbox"/> Change
<u>UGRM</u>	<u>MRSO, YUSET</u>	<u>7771 NW 7 ST SUITE 44</u>	<input type="checkbox"/> Add
		<u>MIAMI FL 33126</u>	<input checked="" type="checkbox"/> Remove ←
			<input type="checkbox"/> Change
<u>UGRM</u>	<u>Dailien Calderon</u>	<u>12741 SW 42 ST SUITE 173</u>	<input type="checkbox"/> Add
		<u>MIAMI FL. 33175</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 ALABAMA STATE, FLORIDA

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

add EIN 47-5289601

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TALLAHASSEE, FLORIDA

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E. Effective date, if other than the date of filing: 10/10/2015 (optional)

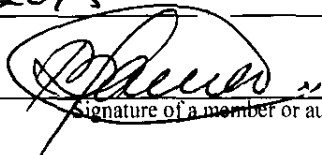
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

10/10/2015



Signature of a member or authorized representative of a member

MANUEL E BIDENCO

Typed or printed name of signee