L13000) 126630

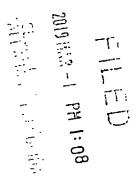
(Requestor's Name)	
(Address)	_
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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Mamichs

MAR 1 1 2019 I ALBRITTON

COVER LETTER

SUBJECT:	Miani D	MU LLC.	
	Name of Limi	ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		sage of Person	; •
		Firm/Company	
		Address	
	might Om E-mail address: (t	City/State and Zip Code O O C C O O o be used for future annual repo	ort notification)
For further information ec	oncerning this matter, please ca		
Name of	Person	at (30 \(\sum_{\text{1}} \) Area Code	イケナー8チの9 Daytime Telephone Number
Enclosed is a check for th	e following amount:		
Ses 66 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

Miami OMV			
(Name of the Limited Liability Compan (A Florida Limited L.)	iv as it now appears or iability Company)	our records.)	
The Articles of Organization for this Limited Liability Company v	were filed on	9-9-2013	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
Florida Rebuilt, LLC			
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the desig	nation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			0191153
			- T
Enter new mailing address, if applicable:			3
(Mailing address MAY BE A POST OFFICE BOX)			1:08
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on ou :	ur records, <u>enter th</u>	e name of the n
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida :	etrout addreses	
	City	, Florida	Zin Code
Non-Desirance d.A. (200) and to be a second as a second	Cuy		ир Соас
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree	e to act in this cape	acity. I further agree	to comply with t

If Changing Registered Agent, Signature of New Registered Agent

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 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
			□ Add
			□ Remove
			□ Change
			□ Remove
			□ Change
			□ Remove
			□ Change
			_□ Add
			□ Remove
			☐ Change
			Remove
			☐ Change
			□ Remove
			Change

	
	
	
(If an effective Note: If the	late, if other than the date of filing:
the record The 90t	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: h day after the record is filed.
	Color of the original of the o
Dated	February 25, 2019.
_	Signature of a member or authorized representative of a member
_	Jouyoin J. menez. Manger Typed or printed name of signee

D.

Page 3 of 3

Filing Fee: \$25.00