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## COVER LETTER

Division of Cor					
	RIDA PLASTERING LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The analogad Articles of	Amendment and fee(s) are sub	unitted for filing			
	ondence concerning this matter				
riease fettirh an correspo	sidence concerning this matter	to the following.			
	DARLENE CARRILLO				
		Name of Person			
	D & M BUSINESS SERV	ICE LLC			
Firm/Company					
2393 S CONGRESS AVE #205					
Address					
	WEST PALM BEACH FL 33406				
City/State and Zip Code					
	VICTORIAG@DMBUSIN	ESSSERVICE.COM to be used for future annual report notific	ation)		
For further information (	concerning this matter, please e			2( ;	
DARLENE CARRILLO	-	561 969-2466		2021 AUS	* '5 mg
	of Person	at ()	Felephone Number		
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Enclosed is a check for t	he following amount:			P. 3.	
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co (additional cop	Feeting Status &	
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sect	ion		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL FLORIDA PLASTERING LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our re d Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compared Florida document number L13000165421	ny were filed on 11/26/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
NA		
The new name must be distinguishable and contain the words "Limited Lia	ibility Company." the designation "	'LI,C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	<b>202</b>
(Principal office address MUST BE A STREET ADDRESS)		
		(7) in-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
·		2
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:  Name of New Registered Agent:  NA	e address on our records, <u>er</u>	nter the name of the new registered
New Registered Office Address:	Enter Florida street ac	ldress
		, Florida
,	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>nt:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my duties s provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is

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
AMBR	JOSE BARAJAS	2468 AVENIDA MADRID ESTE	□Add
		WEST PALM BEACH FL 33415	■Remove
			□Change
			□Add
		-	□Remove
			□Change
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ective date, if other the effective date is listed, the e: If the date inserted in ument's effective date o	date must be specific and i this block does not m	cannot be prior to d eet the applicable	ate of filing or more than	(optional) 190 days after filing.) rements, this date w	Pursuant to 605.0. /ill not be listed
cord specifies a delayed s filed.	effective date, but not	an effective time.	at 12:01 a.m. on the	earlier of: (b) The	90th day after t
07/29/2021 ed					
	A)	_			
<del></del>	S/gnattire of a m	nember or authorize	ed representative of a me	mber	

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