

LM4000133290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

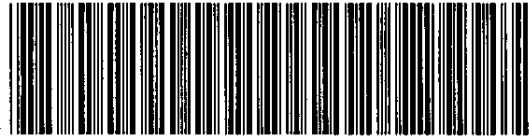
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300264721493

09/29/14--01029--013 **25.00

FILED
2014 SEP 29 AM 10:25
RECEIVED
CLERK OF SUPERIOR COURT
ALABAMA

OCT 03 2014
BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DERRICK INSPECTIONS AND SERVICES 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:

ALEJANDRO J. FARIAS
Name of Person

Firm/Company

10732 NW. 69th TERR.
Address

Doral, FL 33178
City/State and Zip Code

ALEJF@WE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alejandro J. Farias at (305) 4981686
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
2014 SEP 29 AM 10:25
TALLAHASSEE, FLORIDA

TO
ARTICLES OF ORGANIZATION
OF

DERRICK INSPECTIONS AND SERVICES 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 8/25/14 and assigned
Florida document number L14000133290

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with 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)

4335 SW. 60th PL.
Miami FL 33155

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4335 SW. 60th PL.
Miami FL 33155

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:

ALEXANDRO J. FARIAS

New Registered Office Address:

4335 SW. 60th PL.
Enter Florida street address

Miami
City

Florida

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

Authorized Member 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>
AMBR	JOE A. FARIAS	10732 NW 69 TERRACE Doral FL. 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AP	FARIAS EDUAR	10732 NW 69 TER Doral FL. 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AP	FARIAS, VICTOR	10732 NW. 69 TER Doral FL. 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AP	FARIAS, VICTOR	10732 NW. 69 TER Doral FL. 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
2014 SEP 29 AM 10:25
U.S. BANK OF S. FLA.
DALLAS, TEXAS

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 8/25/14, Miguel Garcia

Signature of a member or authorized representative of a member
Alexandro J. Garcia

Typed or printed name of signer

FILED
2014 SEP 29 AM 10:25
CLERK OF STATE
TALLAHASSEE FLORIDA