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(Rec	questor's Name)	- <u>-</u> -
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# **COVER LETTER**

Division of Corpo	orations		
suвјест:Denari	ius Pumping Servion Name of Lim	CES LLC ited Liability Company	<del></del>
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Nelson Mata T	rillo Name of Person	
		Firm/Company	
	495 Brickell Av	enue, Unit 1503	
	Miami, Fl, 3313	1 City/State and Zip Code	
	margaritaleisa@	,	cation)
For further information cor	ncerning this matter, please ca	•	,
Nelson Mata	·	at ( <u>786</u> ) 608-8	
Name of I	'erson	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:

~ TO:

**Registration Section** 

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

2015 0 11 22 PH 4: 00

Denarius Pumping Some of the Limited I (A.I.)	ervices LLC <u>jability Company as it now appears on our r</u> lorida Limited Liability Company)	eçords.)
The Articles of Organization for this Limited Liabi	• • •	5-2015 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.		
B. If amending the registered agent and/or registered agent and/or the new registered office		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street d	uddress
_	City	, FloridaZip Code
	City	λφ ζομε

#### 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>	Type of Action
<u>MGR</u>	Mata Nelson		
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ectiv	e date, if other than live date is listed, the date	the date of filing	;:		(optiona	ıl)
reffec <u>te:</u> If	tive date is listed, the date the date inserted in thi	must be specific and is block does not m	cannot be prior to o seet the applicabl	date of filing or more e statutory filing re	than 90 days after filir quirements, this da	ng.) Pursuant to 605.02 te will not be listed
eumer	t's effective date on th	e Department of Si	tate's records.			
	-d assaifiss - dels			rr		
reco The 9	rd specifies a dela Oth day after the	yed effective di record is filed.	ate, but not a	in errective time	e, at 12:01 a.m	i. on the earlier
	October 17		2019			
	Octobel 17					
	October 17		MA	211		
	October 17	Signature of a n	tempoer or suphoris.	Lillo ed representative of a	ı member	

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Filing Fee: \$25.00