# 115000026558

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
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### COVER LETTER

Registration Section Division of Corporations

David Demo	lition and Flóoring	•	· •
JEC1	Name of Limit	ed Liability Company	
	Amendment and fee(s) are subm		
se return all correspor	ndence concerning this matter to	o the following:	
	Maria A Lasciche		
	.,	Name of Person	
	David Demolition and Floo	ring	
		Firm/Company	
	6649 Marina Pointe Village	Ct Apt 204	
		Address	-
	Tampa FL 33635		
		City/State and Zip Code	
	davidemolitionflooring@gm		******
	E-mail address: (t	o be used for future annual report not	itication)
further information c	oncerning this matter, please ca	ill:	
ia Lasciche		813 4644668 at ( _)	
Name 0	f Person	Area Code Daytii	ne Telephone Number
osed is a check for the	ne 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 Address:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

David Demolition and Flooring

2 Articles of Organization for this Limited I	Liability Company v	were filed on 02/12/2015	and assigned
rida document number 1.15000026558	·		
is amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name	of the limited liabil	lity company here:	
new name must be distinguishable and contain the	words "Limited Liabilit	ty Company," the designation	"LLC" or the abbreviation "L.L.C."
ter new principal offices address, if appli	cable:		S 20
incipal office address MUST BE A STRE	ET ADDRESS)		
			AN
			$\frac{1}{6}$ $\frac{1}{6}$
ter new mailing address, if applicable:			MAR R L
ailing address MAY BE A POST OFFICE	E BOX)		111/2/
			r: -/ 0
If amending the registered agent and/or ent and/or the new registered office address Name of New Registered Agent:		ddress on our records,	enter the name of the new register
New Registered Office Address:	6649 Marina Poi	nte Village Ct Apt 204	
		Enter Florida street	address
	Tampa		, Florida <u>33635</u>
		City	Zip Code
w Registered Agent's Signature, if changing	Registered Agent:		
ereby accept the appointment as register			e. I further agree to comply with to ies, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

embyed from our records:

R = Manager BR = Authorized Member

<u>e</u>	<u>Name</u>	Address	Type of Action
K	Maria Lasciche	6649 Marina Pointe Village Ct Apt 204 Tampa FL	<b>=</b> Add
		33635	□Remove
			□Change
<del></del>			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			□Change

Ch	nding any other information, enter change(s) here: (Attach additional sheets, if n hange Sergio Hernandez from MGR TO AMBR	
		<u> </u>
_		
		<u></u>
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:: 1	ive date, if other than the date of filing:	p <b>tional)</b> after filing.) Pursuant to 695,0207 ( , this date will not be listed as t
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of led.	f: (b) The 90th day after the
d	January 18 - 2021	
	Signature of a member or authorized representative of a member Sergio Hernandez.	
	Typed or printed name of signee	