

L15000031910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

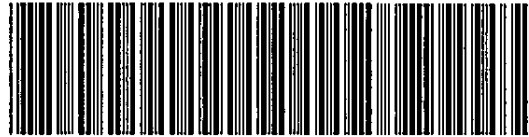
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amend

Office Use Only



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03/09/15--01031--005 **35.00

FILED
15 MAR -9 PM 2:02
RECEIVED
MAR 10 2015
CLERK

M. MILLIGAN
EXAMINER

MAR 26 2015

Laura Diaz Deleon
17425 SW 109 CT.
Miami, FL. 33157

March 5, 2015

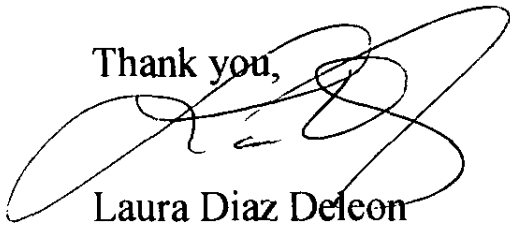
Document #: L1500001910

To whom it may concern,

Please add my husband, Bonifacio Diaz Deleon, as a manager to the company of Miami Home Repairs, LLC. When I applied, I did not add him by mistake.

If you have any questions or concerns, please contact at (786) 229-9764

Thank you,

A handwritten signature in black ink, appearing to be 'Laura Diaz Deleon', written over a large, stylized circular flourish.

Laura Diaz Deleon
(786) 229-9764

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Miami Home Repairs, 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:

Bonifacio Diaz De Leon

Name of Person

Miami Home Repairs, LLC

Firm/Company

17425 SW 109 CT.

Address

Miami, FL. 33157

City/State and Zip Code

miamihomerepairs@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Diaz Deleon

at **786** **229-9764**

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
15 MAR -9 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Miami Home repairs, 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 February 20, 2015 and assigned
Florida document number ~~1500001910~~ L15000031910

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or 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>
MGR	Bonifacio Diaz De Leon	17425 SW 109 CT. Miami, FL. 33157	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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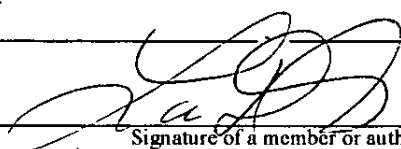
15
JAN 15 - 6 PM 2023
FILED
CLERK OF DISTRICT COURT
JAN 15 2023

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 3/2/15



Signature of a member or authorized representative of a member

Laura Diaz DeLeon

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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15 MAR -9 PM 2:02
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA