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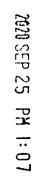
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OCT 31 2020 S. YOUNG



## **COVER LETTER**

Division of Corpora			
SUBJECT: Mic	name of Limited	Repairs, L	LC
The enclosed Articles of Ame	ndment and fee(s) are submi	tted for filing.	
Please return all corresponden	ee concerning this matter to	the following:	
_	Lauro	A DiGZ Deleo Name of Person	<u>N</u>
-	Miami h	tome Repairs	s, LLC
_	17425	SW 109 Ct. Address	
		n, FL, 33157 City/State and Zip Code	
_	Homes M E-mail address: (to	DIAFTIFL CO.	<u>C1-CO</u> M
For further information conce	rning this matter, please call:	:	
Laura Diaz Name of Pers	Deleon	at ( <u>786)</u> <u>229 - 9</u> Area Code Daytime Tel	764 lephone Number
Enclosed is a check for the fo	llowing 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

Miami Home	Repairs, L	LLC	32 【
Miami Home (Name of the Limited Lia (A Flo	bility Company as it now appears on rida Limited Liability Company)	our records.)	9
The Articles of Organization for this Limited Liability Florida document number <u>L / 5 0000 3</u>		09-15	and assigned
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the I  Miami Home Prop  The new name must be distinguishable and contain the words "I		nation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>	
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		ds, enter the nam	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida s	treet 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 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
mgr.	Bonifacio Diaz Deleon	17425 SW 109 Ct.	Xadd
		Miami, FL. 33157	
	Kassandra	17425 SW 109 ct.	Change
mgr.	Diaz Deleun	Miami, FL. 33157	🗆 Add
			□Remove
			□Change
			🗆 🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Effective date, if other than the date of filing: 9-14-20 (optional)  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed.
Dated <u>Sept. 14</u> . 2020
Signature of a number or authorized representative of a member
Laura Diaz Deleon Typed or printed name of signee

Filing Fee: \$25.00