

LI50000 86137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

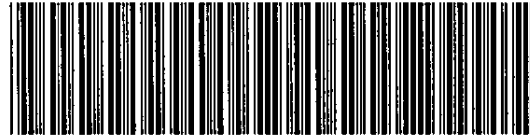
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400286271604

06/06/16--01022--028 **25.00

16 JUN -5 AM 8:52
SOUTH DAKOTA
SOUTH DAKOTA
SOUTH DAKOTA

michael blanco + co.
certified public accountants + advisors

8360 West Flagler Street
Suite 208
Miami, Florida 33144
t: 305.615.2655
f: 305.615.2658

June 3, 2016

Florida Department of State Divisions of Corporations
Registration Section
Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FROM: Michael Blanco & Co.
Michael Blanco
8360 West Flagler Street
Suite 200
Miami, Florida 33144
305-615-2655
michael@mblancocpa.com

RE: Assure Homes
Carola S. Pimentel
4100 Salzedo Street, #19
Coral Gables, Florida 33146

To Whom It May Concern:

Any further inquiries regarding the Amendment of Articles for Assure Homes, LLC, should be directed to Michael Blanco.

Sincerely,


Michael Blanco

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Assure Home, 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:

Carola S. Pimentel

Name of Person

Assure Home, LLC

Firm/Company

4100 Salzedo Street, #19

Address

Coral Gables, Florida 33146

City/State and Zip Code

carola@assureinteriors.com

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

For further information concerning this matter, please call:

Michael Blanco

305 615-2655
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

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:
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**

Assure Home, 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 May 6, 2015 and assigned
Florida document number L15000080137.

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 contain 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

Florida

City

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Andrea Maenz	8220 S.W. 62 Place	☐ Add
		South Miami, Florida 33143	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

16 JUN -5 AM 8:59
RECEIVED AIR
MAILS

E. Effective date, if other than the date of filing: June 3, 2016 (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 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated June 3, 2016

Signature of a member or authorized representative of a member

Carola S. Pimentel

Typed or printed name of signee