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(((H18000362395 3)))



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To:		
	Division of Corporations	<u></u>
	Fax Number : (850)617-6383	<u>-1-</u> -
From:		(n)
	Account Name : SMART ACCOUNTING CORP	Çri r
	Account Number : I20140000063	(17)
	Phone : (786)536-7882	رية ` •
	Fax Number : (786)703-7962	- <u>17</u>
anı	the email address for this business entity to be used for nual report mailings. Enter only one email address please. •	future **

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Registration Section

TO:

(H180003623953)

COVER LETTER

Division of Co	rporations		
SUBJECT:	DADE WRECKING	LLC	
30BJEC1.	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
		FELIX ALMEIDA	
Name of Person			
DADE WRECKING LLC			
Firm/Company			
	740 EAST 42 STREET		
Address			
ITIALEAH, FL 33013			
		City/State and Zip Code	
	E-mail address: (TAXSMART@GMAIL COM to be used for future annual report noti	fication)
For further information of	concurning this matter, please c	all:	
FELIX ALMEIDA		786 312-3581	
Name of Person		at () A:ca Code Daytim	e Telephone Number
Enclosed is a check for ti	ne following amount.		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (*dditional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is encksed)

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

(H180003623953)

				201
	DADE WRECK			2018 DE
(Name of the Lin	ited Liability Com	pany as it now appea d Liability Company)	rs on our records.)	2,7879
	(A Florida Limite	d Liability Company)		20
The Articles of Organization for this Limited Liability Company were filed on10/28/2015			and a spened	
Florida document numberL15000183596				
This amendment is submitted to amend the fol	llowing:			FILE S
A. If amending name, enter the new name	of the limited lis	bility company h	ere:	
N/A				
The new name must be distinguishable and contain the	words "Limited Lial	bility Company," the	designation "LLC" or th	e abbreviation "L L.C."
Enter new principal offices address, if appli		N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
	·			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	BOX)			
		-		
				
B. If amending the registered agent and	l/or registered o	office address on	aur records, ent	er the name of the new
registered agent and/or the new registered o	ffice address he	<u>re</u> :		
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Flor	ida street address	
			. Florida	
		City		Zip Code
New Registered Agent's Signature, if changing l	Registered Avent	:		

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
AMBR	ROBERTO ANTONIO GUEDES	740 EAST 42 STREET	□ Addi
		HIALEAH, FL 33013	■ Remove
			☐ Change
			Remove
			□ Change
			
			Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			D Add
			☐ Remove
			Change
			□ Remove
			Change

D. If amending any oth	ner information, enter change(s) here: (Attach additional !	(H18000362395 3)
		mets, y newssary.y
		
		·
<u>-</u> -		
		
 ,		
		
		
(If an effective date is listed, <u>Note:</u> If the date inserte	er than the date of filing: December 01 2018 It the date must be specific and enunet be prior to date of filing or more than ed in this block does not meet the applicable statutory filing require on the Department of State's records.	(optional) n 90 days after filing.) Pursuant to 605,0207 (3)(b) trements, this date will not be listed as the
f the record specifies b) The 90th day afte	a delayed effective date, but not an effective time, a	at 12:01 a.m. on the earlier of:
Dated	2018	
		2018 3 17
	Menature of a member or authorized representative of a me	mber E B M
		2018 DEC 26
	Felix Almeida Typed or printed name of signee	· · · · · · · · · · · · · · · · · · ·
	•	R FOR SERVICE
	Page 3 of 3	FL IN

Filing Fee: \$25.00