

11/20/21, 12:40 PM

Division of Corporations

LI5000204431

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.
Account Number : 104512000707
Phone : (305)803-2736
Fax Number : (305)646-1527

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALL IN STUCCO LLC**

Certificate of Status	0
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Page Count	01
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S. PRATHER

2021 NOV 22 AM 10:14

TALLAHASSEE, FLORIDA

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2021 NOV 22 AM 10:52

TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

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

ALL IN STUCCO LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/08/2015

Florida document number LI500020431

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:

14284 SW 293 TERRACE

(Principal office address MUST BE A STREET ADDRESS)

HOMESTEAD, FL. 33033

Enter new mailing address, if applicable:

14284 SW 293 TERRACE

(Mailing address MAY BE A POST OFFICE BOX)

HOMESTEAD, FL. 33033

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:

MANUEL CHIRINOS

New Registered Office Address:

14284 SW 293 TERRACE

Enter Florida street address

HOMESTEAD

Florida 33033

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>
PR	DENIS MATUTE	3240 NW 81ST TERRACE	<input type="checkbox"/> Add
		MIAMI, FL. 33147	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MANUEL CHIRINOS	14284 SW 293 TERRCE	<input checked="" type="checkbox"/> Add
		HOMESTEAD, FL. 33033	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	MANUEL CHIRINOS	3240 NW 81ST TERRACE	<input type="checkbox"/> Add
		MIAMI, FL. 33147	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

manuel chirinos

DENIS MATUTE

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)

(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.

If the 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 record is filed.

Dated NOVEMBER 20TH 2021

Denis Harte

Signature of a member or authorized representative of a member

Dennis matute

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 NOV 22 AM 10: 52

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