L17000209459

(Requestor's Name)
(Address)
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, ,
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Sec Division of Cor			•		
end in	DECONSU	R H&I INTERNATIONAL, LI	LC			
SUBJE	CI:	F: Name of Limited Liability Company				
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		Greg Herrera				
		Greg Herrera CPA	Name of Person			
	Firm/Company 4025 SW 96 Ave					
		Miami, Fl. 33165	Address			
		gregherreracpa@gmail.com	City/State and Zip Code			
		E-mail address: (to be used for future annual report	notification)		
For fur	ther information c	oncerning this matter, please ca	nll:			
Henry	nry Marco 786 472-1933 at ()		3			
	Name o	f Person	Area Code Day	ytime Telephone Number		
Enclos	ed is a check for tl	ne following amount:				
S 2.	5.00 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

AKTICUES OF AMENDMENT

TO ARTICLES OF ORGANIZATION OF

DECONSUR H&I INTERNATIO	25 36		
(Name of the Limi	ted Liability Compa (A Florida Limited	inv as it now appears on our records.) Liability Company)	A TO
The Articles of Organization for this Limited L Florida document number L17000209459 This amendment is submitted to amend the following the fo	<u></u> .	were filed on 10/10/2017	Tand assigned SEEF FLUNDA
A. If amending name, enter the new name of	f the limited liab	oility company here:	
The new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applie	able:	4025 SW 96 Ave	
(Principal office address MUST BE A STREI	ET ADDRESS)	Miami, Fl. 33165	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOXi	4025 SW 96 Ave Miami, Fl. 33165	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	or registered o	PA ve Enter Florida street address	enter the name of the
		Flori	da Zin 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 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 i 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 amonding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
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Effective date, if other If an effective date is listed, the Note: If the date inserted document's effective date.	he date must be specifi I in this block does t	ic and cannot be prior not meet the applica	able statutory fili	nore than 90 days at	tional) er filing.) Pursuant to nis date will not be	605,0207 listed as
ne record specifies a The 90th day after			t an effective	time, at 12:01	a.m. on the ea	rlier of
August 1		2019				
	Su		·			<u>-</u>
	Signature	of a member or autho	rized representativ	e of a member		
		201 a thember of addit	siled representati	e or a memoer		

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Filing Fee: \$25.00