

217000249649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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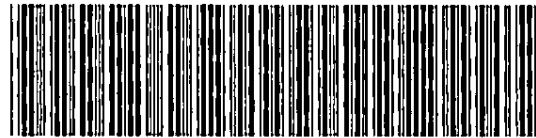
(Business Entity Name)

(Document Number)

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CLERK OF COURT
JAN 04 2018

S. WARREN

JAN 04 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: S&D ROAD SERVICES 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:

JAIME GUZMAN

Name of Person

BROTHERS MULTISERVICIOS INC

Firm/Company

2821 SOUTHWEST 119TH WAY

Address

MIRAMAR, FLORIDA 33025

City/State and Zip Code

BROTHERSMULTISERVICIOS@GMAIL.COM

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

For further information concerning this matter, please call:

JAIRO LOPEZ

407 371-8953

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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**

S&D ROAD SERVICES 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 12/06.2017 and assigned
Florida document number L17000249649.

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

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IN AND FOR THE COUNTY OF
DADE, FLORIDA

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>
MGR	INGRIS N RODRIGUEZ	7553 SAND LAKE POINT LOOP	<input checked="" type="checkbox"/> Add
		APT 107	<input type="checkbox"/> Remove
		ORLANDO, FL 32809	<input type="checkbox"/> Change
MGR	DESLY D DUBON	7553 SAND LAKE POINT LOOP	<input checked="" type="checkbox"/> Add
		APT 107	<input type="checkbox"/> Remove
		ORLANDO, FL 32809	<input type="checkbox"/> Change
MGR	YERSON I CASTRO	7553 SAND LAKE POINT LOOP	<input checked="" type="checkbox"/> Add
		APT 107	<input type="checkbox"/> Remove
		ORLANDO, FL 32809	<input type="checkbox"/> Change
MGR	DESLY M AVILA	7553 SAND LAKE POINT LOOP	<input checked="" type="checkbox"/> Add
		APT 107	<input type="checkbox"/> Remove
		ORLANDO, FL 32809	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Add
Remove
Change

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(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 _____, _____

JAIRO LOPEZ

Page 3 of 3

Filing Fee: \$25.00

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