

L18000012878

(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



600317840556

09/04/18--01033--025 **60.00

FILED

18 SEP -6 PM 1:52

CLERK OF SUPERIOR COURT
HALLSBORO, CT 06033

O SIMMONS
SEP 08 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DELAWARE AVENUE & S 18TH STREET, 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:

RODOLFO M. BLANCO, ESQ.

Name of Person

RMB Consultants & Associates, LLC

Firm/Company

14406 NW 88th AVENUE

Address

MIAMI LAKES, FLORIDA 33018

City/State and Zip Code

rudu4869@yahoo.com

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

For further information concerning this matter, please call:

Rodolfo M. Blanco, Esq.

305

828-3359

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**

DELAWARE AVENUE & S 18TH STREET, 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 01/16/2018 and assigned
Florida document number L18000012878

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)

184 U Vista ct.
Ft. Pierce FL 34947

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

184 U Vista ct.
Ft. Pierce FL 34947

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:

RODOLFO M. BLANCO, ESQ.

New Registered Office Address:

14406 NW 88 AVENUE

Enter Florida street address

MIAMI LAKES

City

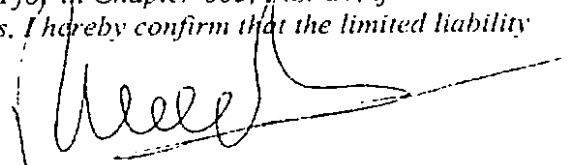
Florida

33018

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	GEORGE KUNCHANDY	6953 NW 19th STREET	<input type="checkbox"/> Add
		MARGATE, FLORIDA 33063	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALVARO CAMPUZANO	184 U. VISTA COURT	<input checked="" type="checkbox"/> Add
		FORT PIERCE, FLORIDA 34937	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18
SEP - 11
FILED
U.S. DISTRICT COURT
FORT PIERCE, FLORIDA

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

FEI/EIN Number is: 82-4106894

FILED
SEP - 11 PM 1:52
FBI - TAMPA

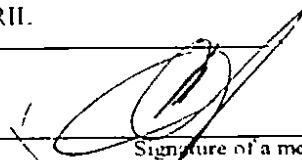
E. Effective date, if other than the date of filing: 03/16/2018 (optional)

(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 APRIL 2018


Signature of a member or authorized representative of a member

GUSTAVO CAMPUZANO

Typed or printed name of signee