

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L18000125986

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H250001481393ABC0

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

From:  
 Account Name : SMART ACCOUNTING CORP  
 Account Number : I20140000063  
 Phone : (786)536-7882  
 Fax Number : (786)703-7962

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

Email Address: avtaxsmart@gmail.com

RECEIVED  
 APR 23 PM 12:41  
 STATE  
 DEPARTMENT OF CORPORATIONS  
 DIVISION OF STATE FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**DADE WRECKER SERVICE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2025 APR 23 PM 5:03  
 STATE DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA  
 FILED

# COVER LETTER

TO: Registration Section  
Division of Corporations

H 250001481393

SUBJECT: DADE WRECKER SERVICE 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:

CENICA ROMERO

Name of Person

DADE WRECKER SERVICE LLC

Firm/Company

2525 PONCE DE LEON BLV SUITE 300

Address

MIAMI FL 33134

City/State and Zip Code

AVTAXSMART@GMAIL.COM

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

For further information concerning this matter, please call:

CENICA ROMERO

786

971-7003

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

H250001481393

DADE WRECKER SERVICE 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 05/21/2018 and assigned Florida document number L18000125986.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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)**

FILED  
2025 APR 23 PM 5:03  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**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:

N/A

Enter Florida street address

\_\_\_\_\_, Florida

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	KEVIN REALPOZO	2525 PONCE DE LEON BLVD SUITE 300	<input checked="" type="checkbox"/> Add
		MIAMI FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CENICA ROMERO	2525 PONCE DE LEON BLV SUITE 300	<input type="checkbox"/> Add
		MIAMI FL 33134	<input type="checkbox"/> Remove
			<input checked="" 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

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

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Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 04/20/2025 (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 23 2025

Handwritten signature of CENICA ROMERO

Signature of a member or authorized representative of a member

CENICA ROMERO

Typed or printed name of signer