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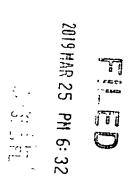
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COVER LETTER

Division of C	orporations		
DTR HIC SUBJECT:	HRISE RENOVATIONS AND	SUPPORT LLC	
Nonacer,	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	DELFINA TINIACOS		
		Name of Person	
	DTR HIGHRISE RENOV	ATIONS AND SUPPORT LLC	
		Firm/Company	
	8025 SW 100th St		
		Address	
	MIAMI FLORIDA, 33156		
	finarum@hotmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report nonf	ication)
For further information	concerning this matter, please co	all:	
DELFINA TINIACOS		786 7797419 at ()	
Name	of Petson	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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



DTR HIGHRISE RENOVATIONS AND SUPPORT LLC

2019 MAR 25 PM 6: 32

(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 FEBRUARY 28, 2019 and assigned Florida document number L19000058930 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address _. Florida ___ City

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

It 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>	Type of Action
AMBR	GUILLERMO RUMBOS	8025 SW 100th St. MIAMI FLORIDA, 33156	■ Add
			□ Remove
			Change
MGR	GUILLERMO A RUMBOS TINIACOS		Add
		8025 SW 100th St. MIAMI FLORIDA, 33156	■ Remove
Mari	LORENA RUMBOS TINIACOS		Change
MGR			Add
		8025 SW 100th St. MIAMI FLORIDA, 33156	■ Remove
			Change
<u></u>			□ Add
			□ Remove
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E. Effectiv	e date, if other than t	ne date of filir	ng:			_ (optional)	
(If an effect Note: I	ctive date is listed, the date n f the date inserted in this	ust be specific as block does not	nd cannot be pri meet the appl	or to date of filing icable statutory	or more than 90 of tiling requirem	days after filing.) F ents, this date w	ursuant to 605.020 II not be listed as
	nt's effective date on the						
If the reco	ord specifies a delay	ad offactive	data but e	ot an offocti	votimo at 1	2:01 a.m. or	the earlier o
	90th day after the r			וטנ מוו פוופנט	ve cime, at 1	. Z. O. I. G.III. OI	i die carller U
	AADCU 12		2010				
1	MARCH 13		- `	·			
Dated _							
Dated _							
Dated _		Signature of a	nember or au	thorized represen	lative of a member	Λ	

Page 3 of 3

Filing Fee: \$25.00