

11/06/2024, 19:16

H24000204774 3

Division of Corporations

Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EAST COAST MULTISERVICE INC

Account Number : I20230000142

Phone : (305)631-2190

Fax Number : (786)713-1965

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DAMASCO TRADING LLC

Certificate of Status	0
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M. SOLOMON

JUN 12 2024

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Corporate Filing Menu

Help

H24000204774 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAMASCO TRADING 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 04/30/2019 and assigned
Florida document number L19000116896.

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)

3847 NE 168TH ST APT 3C

NORTH MIAMI BEACH, FL 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3847 NE 168TH ST APT 3C

NORTH MIAMI BEACH, FL 33160

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:

MEDCONT ADVISERS LLC

New Registered Office Address:

3847 NE 168TH ST APT 3C

Enter Florida street address

NORTH MIAMI BEACH

Florida 33160

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.

Flor Medina

If Changing Registered Agent, Signature of New Registered Agent

H24000204774 3

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	IBARAH SALIM, JONATHAN A	3847 NE 168TH ST	<input type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	RODRIGUEZ TERRAZAS, HECTOR R	3847 NE 168TH ST	<input type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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H24000204774 3

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

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E. Effective date, if other than the date of filing: _____ (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 JUNE 11TH 2024

Signature of a member or authorized representative of a member

JONATHAN IBRAHIM SALIM

Typed or printed name of signee