

# L19000148713

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6363

From: Account Name : PEDRO LUZQUINOS  
Account Number : 120170000042  
Phone : (954) 605-8413  
Fax Number : (954) 432-8807

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

Email Address: PLUZQUINOSF@HOTMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
AIDEN CONSTRUCTION LLC

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Electronic Filing Menu

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K. SALY

AUG 27 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AIDEN CONSTRUCTION LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE E. DIAZ

Name of Person

Firm/Company

9590 NW 40 ST RD

Address

DORAL, FL 33178

City/State and Zip Code

PLUZQUINOS@HOTMAIL.COM

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

For further information concerning this matter, please call:

PEDRO LUZQUINOS

954

655-8413

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

H190002550893

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

P 3/5  
**FILED**  
19 AUG 26 PM 11:20  
CLERK OF CIRCUIT COURT  
DADE COUNTY, FLORIDA

AIDEN CONSTRUCTION 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 06/13/2019 and assigned  
Florida document number L19000148713

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:

9590 NW 40 ST RD

(Principal office address MUST BE A STREET ADDRESS)

DORAL, FL 33178

Enter new mailing address, if applicable:

9590 NW 40 ST RD

(Mailing address MAY BE A POST OFFICE BOX)

DORAL, FL 33178

**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:

JOSE E. DIAZ

New Registered Office Address:

9590 NW 40 ST RD

*Enter Florida street address*

DORAL

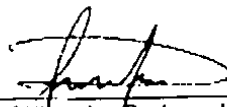
*City*

, Florida 33178

*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	JOSE E. DIAZ	9590 NW 40 ST RD	<input checked="" type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FELIPE B. ORTEGA	9590 NW 40 ST RD	<input checked="" type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

19 AUG 26 PM 11:25  
FILED

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

ADD FEI/EIN Number: 84-2096711

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19 AUG 26 PM 11:25  
FBI - NEW YORK

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 AUGUST 24, 2019

*[Signature]*

Signature of a member or authorized representative of a member

JOSE E. DIAZ

Typed or printed name of signee