

L19000199177

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : YOUR DREAM SERVICES CORP.  
Account Number : I20200000137  
Phone : (786)660-0108  
Fax Number : (786)364-1047

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

Email Address: info2yourdreamms.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SUSERTECA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

NOV 14 2022

**COVER LETTER**

(((H22000388204 3)))

TO: Registration Section  
Division of Corporations

SUBJECT: SUSERTECA, 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:

OMER LIZARDO CALIXTO

Name of Person

*Omer Lizardo Calixto*

Firm/Company

8900 SW 172 ND AVENUE 2207

Address

MIAMI, FL 33196

City/State and Zip Code

info@yourdreamins.com

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

For further information concerning this matter, please call:

OMER LIZARDO CALIXTO

786

6600108

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

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**ARTICLES OF AMENDMENT** (((H22000388204 3)))  
**TO**  
**ARTICLES OF ORGANIZATION**  
**OF**

SUSERTECA, 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 03/12/2021 and assigned  
 Florida document number L19000199177.

This amendment is submitted to amend the following:

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

SUSERTECA, LLC

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)

EDUARDO A LIZARDO CALIXTO

2810 NW 181st St

Miami Gardens, FL 33056

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

EDUARDO A LIZARDO CALIXTO

2810 NW 181st St

Miami Gardens, FL 33056

**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:

YOUR DREAM MULTISERVICES CORP

New Registered Office Address:

8300 NW 53RD ST SUITE 350

*Enter Florida street address*

MIAMI FL

Florida 33166

*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.*

*Isamar Torres*

If Changing Registered Agent, Signature of New Registered Agent

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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

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AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	EDUARDO LIZARDO CALIXTO	2810 NW 181st St	<input checked="" type="checkbox"/> Add
		Miami Gardens, FL 33056	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change
MGR	LIZARDO CALIXTO, OMER	8900 SW 172ND AVENUE 2207	<input type="checkbox"/> Add
		MIAMI, FL 33196	<input checked="" type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change
MGR	LIZARDO CALIXTO, DAVID J	CALLE 75, AVE 2C 75A-86	<input type="checkbox"/> Add
		SECTOR MOTA BLANCA MARACAIBO	<input checked="" type="checkbox"/> Remove
		MARACAIBO ZULIA VEZUELA	<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change

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