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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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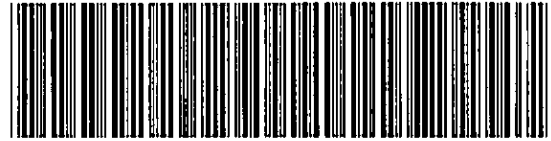
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Dade Wrecking Demolition 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:

Eliezer Nazario

Name of Person

Dade ^{wrecking}~~wrecking~~ Demolition LLC

Firm/Company

14971 Polk Street

Address

Miami Florida 33176

City/State and Zip Code

dwdemolition@yahoo.com

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

For further information concerning this matter, please call:

Eliezer Nazario

786

728-6490

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

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

Dade Wrecking Demolition 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 August 14 2019 and assigned
Florida document number L19000207306.

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:

(Principal office address MUST BE A STREET ADDRESS)

14971 Polk Street

Miami Florida 33176

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14971 polk Street

Miami Florida 33176

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:

14971 polk street

Enter Florida street address

Miami

Florida 33176

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kevin R Realpozo	5840 SW 8th Street suite #2	<input type="checkbox"/> Add
		Miami Florida 33140	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Eliczer Nazario	14971 Polk Street Miami Florida	<input checked="" type="checkbox"/> Add
		33176	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Eliczer Nazario	5840 SW 8th Street Miami Florida	<input type="checkbox"/> Add
		33140	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Vicente Realpozo	14971 Polk Street Miami Florida	<input type="checkbox"/> Add
	33136		<input checked="" 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

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(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)

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 10-8-2019

Signature of a member or authorized representative of a member

Eliczer Nazario

Typed or printed name of signee