# 12000030331

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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SECRETARY OF STATE
SECRETARY

## COVER LETTER

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TO: Registration Se Division of Cor					
	IS CONSTRUCTION				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing			
	ondence concerning this matter	~			
	DENIS N PINEDA				
		Name of Person			
	MILCAMS CONSTRUC	ETION			
		Firm/Company	•		
	17618 NW 62ND PL N				
		Address			
	HIALEAH FL 33015				
		City/State and Zip Code			
	DNPINEDAN@GMAII				
For further information of	oncerning this matter, please c	to be used for future annual report no all;	inication)		
DENIS N PINEDA		786 624 0546			
Name of Person		at () Area Code Daytir	me Telephone Number		
Enclosed is a check for the	he 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)		
<u>Mailing Addres</u> Registration		Street Address: Registration Se	ection		
Division of C	Corporations	Division of Co	rporations		
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MILCAMS CONSTRUCTION		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our reco Liability Company)	<u>rds.</u> )
The Articles of Organization for this Limited Liability Company	were filed on01/24/2020	and assigned
lorida document number		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "Ll	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		SE <b>28</b>
		AAR T
inter new mailing address, if applicable:		S TO
Mailing address MAY BE A POST OFFICE BOX)		
		M —
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, ente	er the name of the new registe
gent and/of the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addr	ress
	. 1	Florida
<del></del>	City	Zıp 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>	Address	Type of Action
MGR	MILTON SAUCEDA	321 SE 3RD CT	□ Add
		DEERFIELD BEACH, FL 33441	■Remove
			□Change
<del></del>			□Add
			□Remove
			SECRETARE SELL AHAR
<u>.</u>			Alas See Si
			Remove
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ote:	f the date inserted in this block does not meet the applicable statutory filing requirements, thint's effective date on the Department of State's records.	s date wi	ll not b	e listed as
,/cumc	a seriective date of the pepartment of state secords.			
	ord specifies a delayed effective date, but not an effective time, at 12:01 a	a.m. on	the e	arlier o
e reco	90th day after the record is filed.			
	our day after the record is med.			
	MAY 27 2020			
The !				