

L2000000 96407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

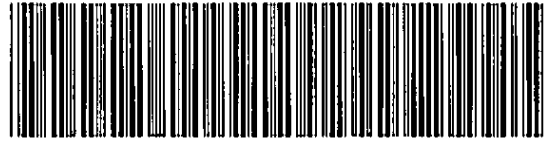
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000342763110

04/14/20--01003--006 **25.00

RECEIVED

APR 13 2020

FILED
CLERK OF STATE
20 APR 13 AM 11:05

Amend.

APR 28 2020

D CUSHING

COVER LETTER

TO: **Registration Section
Division of Corporations**

DEKKO,LLC

SUBJECT: _____
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:

ESQUIAQUI LECOMPTE, DANIEL

Name of Person

DEKKO, LLC

Firm/Company

8823 NW 161ST TR

Address

MIAMI LAKES/ FL 33018

City/State and Zip Code

JOEL@HIAENT.COM

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

For further information concerning this matter, please call:

JOEL VELAZQUEZ

786

5875223

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

FILED
DIVISION OF CORPORATIONS
20 APR 13 AM 11:05

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

FILED
20 APR 13 4:11:06
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

DEKKO, 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 04/03/2020 and assigned
Florida document number 120000096407.

This amendment is submitted to amend the following:

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

DEKKO, 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

_____, **Florida** _____
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	Esquiaqui Lecompte, Daniel	CRA 51 #42-30 APTD 303D	<input checked="" type="checkbox"/> Add
		BARRANQUILA, ATLANTICO, AT	<input type="checkbox"/> Remove
		08000-7 CO	<input type="checkbox"/> Change
MGR	Esquiaqui Lecompte Daniel	CRA 51 #42-30 APTD 303D	<input type="checkbox"/> Add
		BARRANQUILA, ATLANTICO, AT	<input checked="" type="checkbox"/> Remove
		08000-7 CO	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

when created the comma
was missplaced. First name
should be "Daniel"

Last name
"Esquiaqui Lecompte"

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

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.

Dated APRIL 07, 2020

JOEL VELAZQUEZ

Filing Fee: \$25.00