120000108386

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Amend

JUN . 5 702U I ALBRITTON

COVER LETTER

TO:

Registration Section

Div	ision of Cor	rporations				
SUBJECT.	DEMCCO LLC Name of Limited Liability Company					
SUBJECT						
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
	NOEL SANTIAGO					
			Name of Person			
		DEMCCO LLC				
	Firm/Company					
	5740 LAKESIDE DR APT 317					
Address						
	MARGATE, FL 33063					
		KPRICHOSVZLA@GMA	City/State and Zip Code			
South and the	· · · · · · · · · · · · · · · · · · ·		to be used for future annual report no	otification)		
		oncerning this matter, please o				
NOEL SANTIAGO		336 695-8287 at () Area Code Dayti				
	Name o	f Person	Area Code Dayti	ime Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	iling 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		Street Address:	Section			
Division of Corporations			-	Registration Section Division of Corporations		
P.O. Box 6327			The Centre of	The Centre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

DEMCCO 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 Liabi	lity Company were filed on 04/21/20	020 6. and assigned			
Florida document number L20000108386	·				
This amendment is submitted to amend the followi	uā:				
A. If amending name, enter the new name of the	e limited liability company here:				
The new name must be distinguishable and contain the words	"Limited Liability Company," the designa	ion "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable	e:				
(Principal office address MUST BE A STREET A	DDRESS)				
					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>				
B. If amending the registered agent and/or regis agent and/or the new registered office address he	stered office address on our record ere:	s, enter the name of the new registered			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida str	Enter Florida street address			
_	<u> </u>	, Florida Zip Code			
	City	Zip Code			

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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 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	NOEL D SANTIAGO BAPTISTA	5740 LAKESIDE DR APT 317	□ Add
		MARGATE, FL 33063	□ B
AMBR	LISMAYRA C PINA REYNOZA	5740 LAKESIDE DR APT 317	
		MARGATE, FL 33063	□Remove
			Change
			🗆 Add
			□Remove
			□Change
			
			□Remove
			□ Change
			□Remove
			□ Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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. MAY 13 2020 Signature of a member or authorized representative of a member NOEL D SANTIAGO BAPTISTA Typed or printed name of signee