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COVER LETTER

	Registration Section Division of Corporations							
CIID IE		305'S FINEST DRIVEWAYS & RESTORATIONS LLC						
SUBJEC	Name of Limited Liability Company							
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please re	turn all correspo	nidence concerning this matter	to the following:					
		NORMAN R PARAMO						
			Name of Person					
		305'S FINEST DRIVEWA	YS & RESTORATIONS LLC					
			Firm/Company					
		9908 HAMMOCKS BLVD, APT 104						
		Address						
		MIAMI, FL 33196						
		City/State and Zip Code						
		305sfinest.paramo@gmail.com						
		E-mail address: (to be used for future annual report notifi	ication)				
For furth	er information c	oncerning this matter, please c	all:					
NORMA	AN R PARAMO		305 322-7859 at ()					
	Name o	f Person	Area Code Daytime	Telephone Number				
Enclosed	l is a check for th	ne following amount:						
□ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	Mailing Addres Registration S	Section	Street Address: Registration Sec					
	Division of C	orporations	Division of Corr	porations				

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

305'S FINEST DRIVEWAYS & RESTORATIONS LLC

(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number L20000183443	ny were filed on 06/30/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or	r 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)		
France address MAT DE ATOST OF FREE BOAY		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the</u>	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florio	d.,
	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 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>	Type of Action
MGR	NORMAN R PARAMO	9908 HAMMOCKS BLVD	
		APT 104	□Remove
		MIAMI, F1. 33196	
MGR	MICHELLE COCA	821 NW 17 PL	
		MIAMI, FL 33125	
			□Remove
			Change
			□Add
			□Remove
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			□Remove
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ective date, if other than to effective date is listed, the date is	he date of filing:	rior to date of filing or mo	optional) (optional)	ursuant to 605 0207
te: If the date inserted in this cument's effective date on the	block does not meet the ap	plicable statutory filing	requirements, this date wi	ll not be listed as
ecord specifies a delayed effec s filed.	tive date, but not an effectiv	ve time, at 12:01 a.m. or	n the earlier of: (b) The 9	90th day after the
July 16 ed	2021			
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Typed or printed name of signee