

1/17/23, 5:58 PM

Division of Corporations

L20000381752

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H230000201553ABCS

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : HADAS ACCOUNTING AND TAX SERVICES
Account Number : I20170000018
Phone : (305)222-2289
Fax Number : (305)221-3810

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: hadas.taxeservices@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
D&B MACHINERY LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: D&B MACHINERY 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:

BLANCA L LACAYO

Name of Person

Hadas Accounting & Tax Services Inc

Firm/Company

210 SW 107th Ave

Address

Miami FL 33174

City/State and Zip Code

hadastaxeservices@gmail.com

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

For further information concerning this matter, please call:

Blanca L Lacayo

305 305-221-3810

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

D&B MACHINERY 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 01/10/2023 and assigned Florida document number L20000381752.

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:

2333 Brickell Ave Apt 1808

(Principal office address MUST BE A STREET ADDRESS)

Miami, Fl 33129

Enter new mailing address, if applicable:

2333 Brickell Ave Apt 1808

(Mailing address MAY BE A POST OFFICE BOX)

Miami, Fl 33129

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	FERNANDA JARA	5 GRANGE PL BOYTON BEACH FL 33426	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LUIS E JARA	4745 NW 84TH CT #15 DORAL FL 33166	<input type="checkbox"/> Add
			<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
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

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

(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)

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.

Dated JANUARY 10 2023

Signature of a member or authorized representative of a member

LUIS M JARA

Typed or printed name of signee