

L2 0000382428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

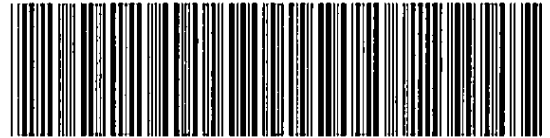
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21 MAR 26 PM 2:26

NOTED
MAR 26 2021
FBI - LOS ANGELES

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STRIKE DEMOLITION AND HAULING 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:

QUINTERO ANELL
Name of Person

STRIKE DEMOLITION AND HAULING LLC
Firm/Company

9108 EDMONT LN.
Address

BECA RATON, FL 33434
City/State and Zip Code

ben.483@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BENJAMIN McLENNAN at (561) 271-2601
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

FILED
DIVISION OF CORPORATIONS

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STRIKE DEMOLITION AND HAULING 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 12/07/2020 and assigned Florida document number L20000382428

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:

(Principal office address MUST BE A STREET ADDRESS)

8645 Rodco Dr.

LAKE WORTH, FL 33467

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8645 Rodco Dr.

LAKE WORTH, FL 33467

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:

BENJAMIN McLENNAN

New Registered Office Address:

8645 RODEO DR.

Enter Florida street address

LAKE WORTH

City

Florida

33467

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

STATE OF FLORIDA
DIVISION OF CORPORATION

<u>Title</u>	<u>Name</u>	<u>Address</u>	21 MAR 26 PH 2: 26	<u>Type of Action</u>
MGR	QUINTERO ANEL	9188 Edgemont LN		<input type="checkbox"/> Add
		Boca Raton, FL 33434		<input checked="" type="checkbox"/> Remove
				<input type="checkbox"/> Change
MGR	BENJAMIN McLennan	8645 Polco Dr.		<input checked="" type="checkbox"/> Add
		LAKE WORTH, FL 33467		<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
				<input type="checkbox"/> Add
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				<input type="checkbox"/> Change

Division of State
 National sheets, if necessary, by

21 MAR 26 PM 2:26

3/02/2021

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

~~66~~ March 2nd 2001

Signature of a member or authorized representative of a member

Typed or printed name of signee