L21000135270

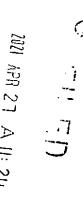
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COVER LETTER

TO:

Registration Section

Division	of Corporations		
	MOLITION PERMIT EXPEDIT	ORS LLC	
SUBJECT:	Name	of Limited Liability Company	
The enclosed Arti	cles of Amendment and fee(s) a	re submitted for filing.	
Please return all c	orrespondence concerning this r	natter to the following:	
	Lindsay Fitzpatrick		
		Name of Person	
	DEMOLITION PER	MIT EXPEDITORS LLC	
		Firm/Company	
	7533 Roosevelt ST		
	**	Address	
	Holywood FL 33024		
	··	City/State and Zip Code	
	dpebroward@gmail.co		
	E-mail add	fress: (to be used for future annual report notification)	
For further inform	ation concerning this matter, ple	ease call:	
Lindsay Fitzpatric	ck	305 742-3544 at ()	
	Name of Person	Area Code Daytime Telephone I	Number
Enclosed is a chec	ck for the following amount:		
■ \$25.00 Filing	Fee ☐ \$30.00 Filing Fee Certificate of State	tus Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed.
Divisio P.O. Bo	ation Section n of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, S Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEMOLITION PERMIT EXPEDITORS		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L21000135270</u>	y Company were filed on March 23, 2021	and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability 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 AD)	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered and/or the new registered office address here	red office address on our records, enter the	name of the new registers
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Floric	
New Registered Agent's Signature, if changing Registe	City	Zip Code (5)
hereby accept the appointment as registered ager provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	nt and agree to act in this capacity. I furthe I complete performance of my duties, and I agent as provided for in Chapter 605, F.S ered office address, I hereby confirm that to	am familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	Lindsay Fitzpatrick	7533 Roosevelt St Hollywood FL 33024	□ Add
			≣ Remove
			□Change
MGR CEO	Lindsay Fitzpatrick	7533 Roosevelt St Hollywood FL 33024	≝Add
			□Remove
		Change	
		□Add	
		□Remove	
		□ Change	
			🗀 Add
			□Remove
		☐ □ Change	
		Remôve 2 Change	
		GChange	
			□Add
		<u> </u>	□Remove
			□ Change

Im changing my title from AP	Mee	bra	CEO		
	 				
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effective date is listed, the date must be specific and cannote: If the date inserted in this block does not meet the					
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