

h21 000215465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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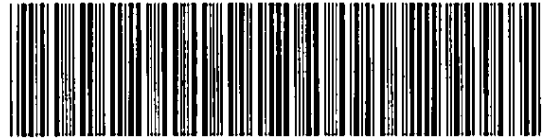
(Business Entity Name)

(Document Number)

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6/30/21  
[Signature]

06/30/21  
10:00 AM

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: REMEDIATION 911 OF DAVIE, 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:

ANTHONY MASSIMINO

Name of Person

REMEDIATION 911 OF DAVIE, LLC.

Firm/Company

14852 SW 51ST ST

Address

DAVIE, FL 33331

City/State and Zip Code

ANTHONY@REMEDIATION911.COM

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

For further information concerning this matter, please call:

JOHN KILINSKI

561 324-4918  
at ( )  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

REMEDICATION 911 OF DAVIE, 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 05/10/2021 and assigned  
Florida document number 1.21000215465.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

JOHN J KILINSKI

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.*

  
John J. Kilinski  
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	REMEDICATION911 CAT, INC.	581 105TH AVE N	<input checked="" type="checkbox"/> Add
		UNIT #36	<input type="checkbox"/> Remove
		ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Change
MGR	MICHAEL MASSIMINO	1319 ESSEX DR	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		WELLINGTON, FL 33414	<input type="checkbox"/> Change
MGR	JOHN J KILINSKI	12287 GINGERWOOD LANE	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		WELLINGTON, FL 33414	<input type="checkbox"/> Change
MGR	FISHPEOPLE, LLC	14582 SW 51ST ST	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		DAVIE, FL 33331	<input type="checkbox"/> Change
MGR	JEFF FISCHMAN	14582 SW 51ST ST	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		DAVIE, FL 33331	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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)

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.

Signature of a member or authorized representative of a member

\_\_\_\_\_  
JOHN J KILINSKI  
Typed or printed name of signee

**Filing Fee: \$25.00**