Division of Corporations



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(((H22000237690 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LICENSES & PERMITS LLC

Account Number : I20210000155 Phone : (305)226-8727 Fax Number : (305)226-8767

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

Email	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NDDM CONSTRUCTION LLC

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

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Corporate Filing Menu =

Help --

Registration Section

TO:

## COVER LETTER

Division of C	orporations		
	Construction LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	condence concerning this matter	to the following:	
	Lucia Estrella		
		Name of Person	
	Licenses & Permits LLC		
	<del> </del>	Pirm/Company	
	8300 w Flagler St Suite I l	14	
		Address	<del></del>
	Miami, Fl 33144		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City/State and Zip Code	
	licenses114@gmail.com		
	E-mail address: (	to be used for future annual report not	ification)
For further information	concerning this matter, please of	all:	
Lucia Estrella		305 226-8727	
Name	of Person		ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	555.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NDDM Construction LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our recolimited Liability Company)	rds,)
The Articles of Organization for this Limited Liability Cor	mpany were filed on March 9, 2022	and assigned
Florida document number L22000119420		
This amendment is submitted to amend the following:		
4. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	SS)	
Enter new mailing address, if applicable:	<del></del> .	
Mailing address MAY BE A POST OFFICE BOX)		
If amonding the recistered agent and/or recistered	66 o o delmara	water and a Callerina and a Callerina
If amending the registered agent and/or registered o gent and/or the new registered office address here:	lince address on our records, enter	the name of the new register
		2 Ju
Name of New Registered Agent:		·
New Registered Office Address:		5
New Registered Office Address.	Enter Florida street addre	T u
	D	lorida —
·	City	Zip Costel

## 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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Damian Ugerman	325 Somerset Way	
		Weston, Fl 33326	■Remove
			Change
			□Remove
			☐ Change
<del></del>	<del></del>		□Add
			□Remove
			Change
			□Remove
			□ Change
			DAdd
			□Remove
			(Change
	<del> </del>		□Add
	r ster i terir	·	Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
If an el <u>Note:</u>	July 13, 2022 (optional)  fective date, if other than the date of filing:  fective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at ment's effective date on the Department of State's records.
e reco rd is f	rd 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 iled.
Dated	July 13, 2022
	Signature of a member or authorized representative of a member
	Nolasco P Ruffinatti
	Typed or printed name of times

Filing Fee: \$25.00