L23000080158

(Requestor's	Name)
(Address)	
(Address)	
(City/State/Zip	o/Phone #)
PICK-UP W	AIT MAIL
(Business En	tity Name)
(Document N	umber)
Certified Copies Cert	ificates of Status
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COVER LETTER

TO: Registration So Division of Con				4	
	ic adjustors LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Roland Lugo				
		Name of Person		•	
	Lugo Public Adjustors LL	С			
	·	Firm/Company		-	
	3330 sw 21 st			202 SE	
		Address			
	Miami, FL, 33145			2021 JAN 16 PM SECRETA XX A	-
		City/State and Zip Code		- 13-4 - 10 -1	
	rolandlugo@lugopainting.c			77 15	•
		to be used for future annual report notifi	cation)	2: 17	
For further information of	concerning this matter, please c	all:		Li:	
Roland Lugo		305 510-1890 ar ()			
Name o	of Person		Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
Mailing Address Registration	Section	Street Address: Registration Sec			
Division of C	Corporations	Division of Corr	orations		

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lugo Public Adjustors, LLC		
(Name of the Limited Liability ((A Florida Li	Company as it now appears on our mited Liability Company)	records.)
The Articles of Organization for this Limited Liability Con	npany were filed on $\frac{02/13/2023}{}$	and assigned
lorida document number 1.23000080158		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	d liability company here:	
Dade Permitting & Expediting LLC		
he new name must be distinguishable and contain the words "Limited	d 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 ADDRES	SS)	
		5 7
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		?
		100 N
3. If amending the registered agent and/or registered o	ffice address on our records.	enter the name of the new register
gent and/or the new registered office address here:		П
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>	Address	Type of Action
MGR	Roland Lugo	3330 sw 21 st Miami, FL, 33145	⊡ Add
			□Remove
			☐ Change
AMBR	Samantha Arrebola	3330 sw 21 st Miami, FL, 33145	
			⊏Remove
			□Change
			SI Add
			Change
			77 DANG
			□Remove
			Change
		.	□Add
			□Remove
			□Change
			□ Add
			□Change

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	<u>. 22</u>
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	19th 15
	Left
fective date, if other than the date of filing: $\frac{01/01/6}{1000}$	2024 (optional)
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 605.020
ote: If the date inserted in this block does not meet the a ocument's effective date on the Department of State's rec	applicable statutory filing requirements, this date will not be listed a cords
many languiffer a delayed affection data but not an effect	tive time at 12001 and another and the The Obth day of one
is filed.	tive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
12/22/2023	
	<u> </u>

Filing Fee: \$25.00

Typed or printed name of signee