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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BOREM FIRE PROTECTION OF SOUTH FLORIDA LLC

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T. LEMIEUX

MAY 13 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ć.	BOREM FIRE PROTECTION (OF SOUTH FLORIDA	LLC			
	(Name of the Li	mited Liability Compan (A Florida Limited L	y as it now appears on ability Company)	our records.)		
	Organization for this Limited ent number L23000244081	Liability Company v	were filed on 05/17/2	023	and assign	ied
	nt is submitted to amend the fe	ollowing:				
A. If amendin	ig name, <u>enter the new name</u>	of the limited liabil	ity company here:			
DADE FIRE PR	ROTECTION LLC					
The new name mu	est be distinguishable and contain the	e words "Limited Liabilit	y Company," the design	ition "LLC" or the ab	breviation "L.L.C	.,,
Enter new prir	ncipal offices address, if app	licable:				
(Principal offic	ce address MUST BE A STRI	EET ADDRESS)				
Enter new mai	iling address, if applicable:					
Mailing addre	ss MAY BE A POST OFFIC	E BOX)				
B. If amending agent and/or th	g the registered agent and/or he new registered office addi	r registered office ac r <u>ess here</u> :	idress on our recore	ls, <u>enter the name</u>	e of the new re	egistere
Name	of New Registered Agent:					
New R	Registered Office Address:			-	0	<u> </u>
			Enter Florida sti	reci address , Florida	9:	J
			City:	, F1011GX	Zip Code	
Yew Registered	Agent's Signature, if changing	Registered Agent:			1	

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 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>	Name	Address	Type of Action
Qualifier	VALTER PEREZ	916 N FLAGLER AVE, UNIT C	≅ Add
		HOMESTEAD, FL 33030	
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			□Add
			□Renюve
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E. Effective date, if other than t	he date of filing:	(antional)	
(If an effective date is listed, the date n <u>Note:</u> If the date inserted in this document's effective date on the	block does not meet the applicable sta	(optional) of filing or more than 90 days after filing.) Pursuant to 60 atutory filing requirements, this date will not be lis)5.0207 (3)(sted as the
If the record specifies a delayed effectecord is filed.	tive date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day aft	er the
Dated MAY 10	. 2024		
Gabriel Hot handsz (May 13, 2024	13.06 ECT) Signature of a member or authorized re		
	Signature of a member or authorized re	epresentative of a member	
GABRIEL HERNAN			
	Typed or printed name	ofsignee	