(((H23000338300 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 : (305)552-5973 : (305)675-5944 Fax Number

**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 911 MOLD TESTING & RESTORATION LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

င္မာ

2E7 2 7 2023

ART	- -	MENDMENT	7	j
A В ТИ	TC O de ou) RGANIZATION		,
•	OF	7		
911 Mold testing a	and Resto	vas it now appears on our ability Company)	records.)	5
The Articles of Organization for this Limited Lia Clorida document number <u>L23000277</u>	bility Company v	were filed on $6/7/3$	2023	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of Mayday Mold Restoration of the new name must be distinguishable and contain the wo enter new principal offices address, if applica Principal office uddress MUST BE A STREET	Tion LLO ords "Limited Liabili hle:	ty Company," the designation 10550 NW 7 #514	on "LLC" of the abbr $8th 5t, 0c$	reviation "L.L.C." 17 al 33/78
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE B</u> .		10550 NW 3 Doral F/ 3		
B. If amending the registered agent and/or reagent and/or the new registered office address		ddress on our records	, <u>enter the name</u> , -	of the new registered
Name of New Registered Agent:	Niembr	o, Ratael		
New Registered Office Address:	10550 N	W 78th st #	L 5/4 u address	
	Soral		, Florida <u></u>	33/7:8'
		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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Campagnolo, Loieta	8404 NW 66thst nedley 33166	□Add
			Remove
			ƏAdd
			□Remove
		□Add	
		∐Remove	
			□Change
		□Add	
		□Remove	
			DChange
		□Add	
	-	□Remove	
			Change
			□ Remove
			□Change

	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
_	
_	
•-	
Note: 1	re date, if other than the date of filing: ctive 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 pt's effective date on the lock does not meet the applicable statutory filing requirements, this date will be a state of the date of filing requirements.
docume	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that seffective date on the Department of State's records.
record d is file	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
)or=	august 14th 2023
	2023
ъвгес _	
TRICO _	
TRICO _	Signature of a member or authorized representative of a member
<u>γειςα</u> _	Signature of a member or authorized representative of a member Rafael Niewbło

Filing Fee: \$25.00