

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**L24000125651**

Please print this page and use it as a coversheet. Type the fax and number  
(shown below) on the top and bottom of all pages of the document.

(((H24000123449 3)))



H240001234493ABC\$

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Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : GLOBAL ACCOUNTING AND TAX PROFESSIONAL CORP  
Account Number : I20140000098  
Phone : (786)372-1391  
Fax Number : (786)762-2589

2024 APR -4 PM12:02

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2024 APR -4 AM10:21

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

\*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  
EXTERIOR DESIGN PROFESSIONALS LLC**

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

M. SOLOMON

APR -4-2024

Apr. 3: 2024 17:38PM

# COVER LETTER

No. 0024 P. 2

TO: Registration Section  
Division of Corporations

H 24 000 123 44 93

SUBJECT: EXTERIOR DESIGN PROFESSIONALS 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:

ARMANDO DIAZ

Name of Person

Firm/Company

20167 NW 58 PLACE

Address

HIALEAH FL 33015

City/State and Zip Code

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

For further information concerning this matter, please call:

ARMANDO DIAZ

305 at ( )

3053663

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(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

2024/04-04 PM 12:02

FILED

Apr. 3, 2024 17:38PM

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

No. 0924 P. 3

H240001234493

EXTERIOR DESIGN PROFESSIONALS 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 03/13/2024 and assigned  
Florida document number L24000125651.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N / A

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:

N / A

(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:

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

Apr. 3. 2024: 7:38PM  
If amending, remove person(s) authorized to manage, enter the title, name, and address of No. 0324 son P. 4g added  
or removed from our records:

H24 0001 23 41493

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	DIAZ, ARMANDO	20167 NW 58TH PL	<input checked="" type="checkbox"/> Add
		HIALEAH FL 33015	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HERNANDEZ, STEPHEN	4921 SW 201ST TERRACE	<input checked="" type="checkbox"/> Add
		SOUTHWEST RANCHES FL 33332	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 APR -6 PM 12:02

FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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2024 APR 3 - 4 PM 12:02

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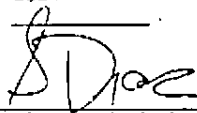
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated APRIL 04TH, 2024



Signature of a member or authorized representative of a member

ARMANDO DIAZ

Typed or printed name of signee