## 12000028229

(Requestor's Name)
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(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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## **COVER LETTER**

TO:

	gistration Se vision of Cor			
CUBICT	FLL 285 LI	.c	•	•
SUBJECT		. 1 Name of Lim	ited Liability Company	•
			·	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		ALAIN RODRIGUEZ		
			Name of Person	
		ARCA ACCOUNTING		
			Firm/Company	
		14171 SW 156TH AVE		
			Address	<del></del>
		MIAMI FL 33196		
			City/State and Zip Code	
•		ARCAACCOUNTING@H		
			to be used for future annual report no	tification)
For further	information co	oncerning this matter, please co	all:	
ALAIN RO	DRIGUEZ		305 744-3886	
	Name of	Person		me Telephone Number
Enclosed is	a check for th	e 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)
Re	ailing Address egistration S		Street Address: Registration S	
	O. Box 632		Division of Co The Centre of	
Ta	illahassee, F	FL 32314		oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLL 285 LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 02/24/2012	and assigned
lorida document number L12000028229		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	i <u>lity company here</u> :	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		20 SE
		2020 DEC
		N. 18 1
Inter new mailing address, if applicable:		89
Mailing address MAY BE A POST OFFICE BOX)		111
The state of the s		<u> </u>
		<del></del>
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	nddress on our records, <u>enter th</u>	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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	ALICIA INI	13727 SW 152ND ST STE 214	□Add
		MIAMI FL 33177	_
			□Change
			□ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			🗆 Сһалде
<del></del>	<del></del>		□Add
			□Remove
			Change
			🗆 Remove
			□Change
<del></del>			□Add
			□Remove

f an e	ctive date, if other than the date of filing:
locu	
reco	ord 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 filed.
reco	DEC 2
record is	DEC 2