

# L19000216639

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

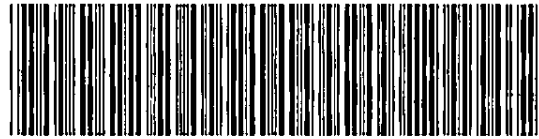
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900332766109

2019 SEP 26 AM 8:17  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

N CULLIGAN

SEP 26 2019

## COVER LETTER

O: Registration Section  
Division of Corporations

9001 E. WETA BLVD UNIT 1401

OBJECT: \_\_\_\_\_ Name of Limited Liability Company

be enclosed Articles of Amendment and fee(s) are submitted for filing.

please return all correspondence concerning this matter to the following:

JULIO MOLINA

Name of Person

JULIO MOLINA PA

Firm/Company:

2002 CURRY FORD P.D.

Address

ORLANDO FL 32806

City/State and Zip Code

JULIOMOLINA@EELLSOUTH.NET

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

or for more information concerning this matter, please call:

ULIC MOLINA

407 228-4757

:11 &lt;\_\_\_\_\_

Name of Person

Area Code

Daytime Telephone Number

enclosed is a check for the following amount:

3 52.00 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 ~~not~~ included)

MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

2019 SEP 26 AM 8:17  
SECRETARY OF STATE  
TALLAHASSEE, FL

9055 LEE VISTA BLVD UNIT 1401

(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 08/26/2019 and assigned  
Florida document number L19000216639.

This amendment is submitted to amend the following:

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

9055 LEE VISTA BLVD UNIT 1401 LLC

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:

Principal office address MUST BE A STREET ADDRESS

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

2. 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:

Signature New Registered Agent:

Signature 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

Name of Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

IGR = Manager  
 MBI = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Change |

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

70

2019 SEP 26 AM 8:17

SECRETARY OF STATE  
TALLAHASSEE, FLA

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

(If not 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 605.0107 (3)(b)

**Note:** If the date entered 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.

b) The 90th day after the record is filed.

Date September 24 2019

Zanis O. Sanchez

Signature of a member or authorized representative of a member

Thais Coronado Sanchez Rivas

Typed or printed name of signer: \_\_\_\_\_