

3/31/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L210001288803

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(((H21000128880 3)))



H210001288803ABC/

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To:

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

From:

Account Name : ASLAN TAX SERVICES INC
Account Number : I20140000082
Phone : (305)644-9144
Fax Number : (786)477-5802

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
TINNY REAL ESTATE LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

APR - 1 2021

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TINNY REAL ESTATE 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:

ELVIS DIAZ

Name of Person

ASLAN TAX SERVICES INC

Firm/Company

762 SW 18TH AVENUE

Address

MIAMI FL 33135

City/State and Zip Code

ELVIS@ASLANTAXSERVICE.COM

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

For further information concerning this matter, please call:

ELVIS DIAZ

305

644-9144

at ()

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 MARCH 23, 2021 and assigned
Florida document number L21000120487.

This amendment is submitted to amend the following:

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

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)

1624 NE 7TH CT

FORT LAUDERDALE FL 33304

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1624 NE 7TH CT

FORT LAUDERDALE FL 33304

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:

1624 NE 7TH CT

Enter Florida street address

FORT LAUDERDALE

City

Florida 33304

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ANDY KAPLAN	370 CALLE 10 APT 115	<input type="checkbox"/> Add
		TRUJILLO ALTO PR 00976	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANDRES EUGENIO KAPLAN	370 CALLE 10 APT 115	<input checked="" type="checkbox"/> Add
		TRUJILLO ALTO PR 00976	<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
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

PLEASE CHANGE ADDRESS TO AMBR JOSE MANUEL GOMEZ

(WRONG ADDRESS) 712 NE 16TH TERRACE FORT LAUDERDALE FL 33304

(CORRECT ADDRESS) 1624 NE 7TH CT FORT LAUDERDALE FL 33304

2021 MAR 31 AM 10:16

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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 MARCH 30TH, 2021

x  _____
Signature of a member or authorized representative of a member

JOSE MANUEL GOMEZ _____
Typed or printed name of signer