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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

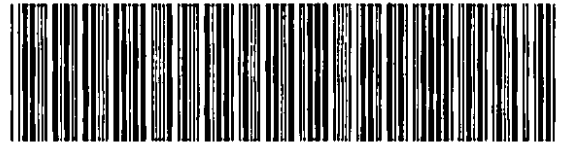
(Business Entity Name)

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09/26/22--01011--018 **25.00

22 SEP 26 PM 12:56
DIVISION OF CORPORATIONS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ISLA LINDA 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:

LUAR CUELLAR LEON
Name of Person
Firm/Company
9000 SW 64TH ST
Address
MIAMI FL 33173
City/State and Zip Code
jorge.caro56@yahoo.com
E-mail address: (to be used for future annual report notification)

22 SEP 26 PM 12:56
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

LUAR CUELLAR LEON at (786) 352-3962
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ISLA LINDA 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 02/01/2022 and assigned Florida document number 1.22000053520.

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 "L.I.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1298 CAPRI CIR

(Principal office address MUST BE A STREET ADDRESS)

LABELLE FL US 33935

Enter new mailing address, if applicable:

1298 CAPRI CIR

(Mailing address MAY BE A POST OFFICE BOX)

LABELLE FL US 33935

22 SEP 26 PM 12:56
DIVISION OF CORPORATE FILINGS

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

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	LISY MARRERO CASTRO	9000 SW 64TH ST MIAMI FL 33173	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SECTION OF COURSE
22 SEP 26 PM 2:57
change
add
remove
change

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L22000053520
FILED 8:00 AM
February 01, 2022
Sec. Of State
cmwood

Article I

The name of the Limited Liability Company is:

ISLA LINDA LLC

Article II

The street address of the principal office of the Limited Liability Company is:

9000 SW 64TH ST
MIAMI, FL. US 33173

The mailing address of the Limited Liability Company is:

9000 SW 64TH ST
MIAMI, FL. US 33173

Article III

Other provisions, if any:

TRAVEL AGENCY

Article IV

The name and Florida street address of the registered agent is:

LISY MARRERO CASTRO
9000 SW 64TH ST
MIAMI, FL. 33173

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: LISY MARRERO CASTRO

Article V

The name and address of person(s) authorized to manage LLC:

Title: AMBR
LISY MARRERO CASTRO
9000 SW 64TH ST
MIAMI, FL. 33173 US

Title: AMBR
LUAR CUELLAR LEON
9000 SW 64TH ST
MIAMI, FL. 33173 US

L22000053520
FILED 8:00 AM
February 01, 2022
Sec. Of State
cmwood

Article VI

The effective date for this Limited Liability Company shall be:

01/31/2022

Signature of member or an authorized representative

Electronic Signature: LISY MARRERO CASTRO

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.