

L22000471920

\_\_\_\_\_  
(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:

J. HORNE  
JUN 27 2025

Office Use Only



800453201598

06/26/25--01:01:003 \*\*25 00

FILED  
2025 JUN 25 PM 3:58

RECEIVED  
2025 JUN 26 PM 12:48  
OFFICE OF THE CLERK  
TALLAHASSEE, FLORIDA

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

---

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

---

**WALK IN**

**PICK UP:** MARIA 6/26

CERTIFIED COPY \_\_\_\_\_

XX PHOTOCOPY \_\_\_\_\_

CUS \_\_\_\_\_

XX FILING LLC AMEND \_\_\_\_\_

1. 18226 OLETA LLC

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

---

---

---

## COVER LETTER

TO: Registration Section  
Division of Corporations

18226 Oleta LLC

SUBJECT: \_\_\_\_\_  
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:

Adrian E. Irias

\_\_\_\_\_  
Name of Person

Garcia-Menocal Irias & Pastori LLP

\_\_\_\_\_  
Firm/Company

368 Minorca Avenue

\_\_\_\_\_  
Address

Coral Gables, FL 33134

\_\_\_\_\_  
City/State and Zip Code

adrian@gmilaw.com

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

For further information concerning this matter, please call:

Adrian Irias

305 400 9652

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

18226 Oleta LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2025 JUN 26 PM 3:58

The Articles of Organization for this Limited Liability Company were filed on 11/04/2022 and assigned  
Florida document number L22000471920.

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) \_\_\_\_\_

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

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         | Livingenious Trust | 851 NE 1st Avenue, Unit 4109 | <input type="checkbox"/> Add               |
|              |                    | Miami, FL 33132              | <input checked="" type="checkbox"/> Remove |
|              |                    |                              | <input type="checkbox"/> Change            |
| MGR          | Ljubomir Ivanov    | 851 NE 1st Avenue, Unit 4109 | <input checked="" type="checkbox"/> Add    |
|              |                    | Miami, FL 33132              | <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            |

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Adrian Irias authorized agent

Typed or printed name of signee

**Filing Fee: \$25.00**