

123000082194

\_\_\_\_\_  
(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



000421246770

01/08/24--01032--018 \*\*25.00

FILED  
2024 JAN -8 AM 8:17  
SEC. OF STATE  
TALLAHASSEE, FL  
KH  
1/26/24



Luis E. Diaz & Associates, P.A.  
Attorney and Counselors at Law

1529 S.W. 1st Street  
Miami, Florida 33135

Telephone: (305) 642-0078  
Facsimile: (305) 646-2452

January 2, 2024

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

Re: Articles of Amendment to Articles of Organization  
of 2469 TRIPLEX LLC

Dear Sir or Madam:

Enclosed please find an original and 1 copy of the Articles of Amendment to the Articles of organization of 2469 TRIPLEX LLC along with a check totaling \$25.00 payable to the Secretary of State. Please file same and submit to us a stamped copy in the attached pre-stamped, self-addressed envelope.

If you have any questions, please do not hesitate to call me at (305) 642-0078.

Sincerely,

*Luis E. Diaz*  
Luis E. Diaz, Esq.

Enclosures

FILED  
2024 JAN -8 AM 8:17  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 2469 TRIPLEX 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:

Luis E. Diaz, Esq.  
\_\_\_\_\_  
Name of Person  
  
Luis E. Diaz & Associates, P.A.  
\_\_\_\_\_  
Firm/Company  
  
1529 S.W. 1st Street  
\_\_\_\_\_  
Address  
  
Miami, Florida 33135  
\_\_\_\_\_  
City/State and Zip Code  
  
Luisediazlaw@aol.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis E. Diaz, Esq.                      305                      642-0078  
\_\_\_\_\_  
Name of Person                      at (                      )                      Daytime Telephone Number  
Area Code

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

FILED  
2024 JAN -8 AM 8:17  
SEC. OF STATE  
TALLAHASSEE, FL

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

2469 TRIPLEX 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 12/09/2021 and assigned  
Florida document number L23000082194.

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

FILED  
2021 JAN - 8 AM 8:17  
CLERK OF STATE  
TALLAHASSEE, FL

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	ES QUANTUM PROPERTY	8200 N.W. 41st Street	<input type="checkbox"/> Add
	MANAGEMENT, LLC	Suite # 200	<input checked="" type="checkbox"/> Remove
		Doral, Florida 33166	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LUIS MAQUEIRA	545 N.W. 10th Street	<input checked="" type="checkbox"/> Add
		Homestead, Florida 33030	<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

FILED  
2021 JAN 8 AM 8:17  
STATE OF FLORIDA  
SCHOOL DISTRICT

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

FILED  
2024 JAN -8 AM 8:17  
SECURITY ESTATE  
TALLAHASSEE, FL


**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 October 20, 2023



Eleonora Sebos

Typed or printed name of signee

**Filing Fee: \$25.00**