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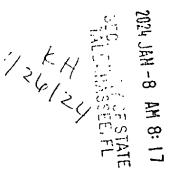
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# Luis E. Diaz & Associates, P.A.

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 calf me at (305) 642-0078.

Sincerely,

Luis E. Diaz, Esty

Enclosures

## **COVER LETTER**

	egistration Se livision of Cor					
SUBJEC	2469 TRIPI	LEX LLC				
SOBS <sub>PC</sub>		Name of Lim	ited Liability Company			
The enclos	sed Articles of	Amendment and fec(s) are sub	omitted for filing.			
Please retu	ırn all correspo	ndence concerning this matter	to the following:			
		Luis E. Diaz, Esq.				
			Name of Person			
Luis E. Diaz & Associates, P.A.						
		<del></del>	Firm/Company			
		1529 S.W. 1st Street				
	Address			-		
		Miami, Florida 33135				
		Luisediazlaw@aol.com	City/State and Zip Code			
		_	to be used for future annual report	notification)	دے	
For further	r information co	oncerning this matter, please c	all:		SEC	79
Luis E. Di	az, Esq.		305 642-0078	8	2024 JAH -8	
	Name o	f Person	Area Code Day	ytime Telephone Number	B AM 8:	
Enclosed is	s a check for th	ne following amount:			エアー	
<b>\$25.00</b>	) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	

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

2469 TRIPLEX LLC		
( <u>Name of the Limited Liability</u> ) (A Florida Li	Company as it now appears on our records.) mited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Con	npany 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 limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d 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 ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	·	<u> </u>
Mauing address MAT BE A POST OFFICE BOX		725 - 71
B. If amending the registered agent and/or registered o	ffice address on our records, enter the	name of the new registere
agent and/or the new registered office address here:	-	
		H 03 00
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		·
	Enter Florida street address	
	Floric	la
<del></del>	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 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>	Type of Action
AMBR	ES QUANTUM PROPERTY	8200 N.W. 41st Street	□ Add
	MANAGEMENT, LLC	Suite # 200	
		Doral, Florida 33166	□Change
<del></del>			□Add
			□Remove
			□Change
AMBR	LUIS MAQUEIRA	545 N.W. 10th Street	■Add
		Homestead, Florida 33030	Change
			Change T
<del></del>			Add Remove
			□Change
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ective date, if other than the date effective date is listed, the date must be e: If the date inserted in this block ament's effective date on the Department.	specific and cannot be p does not meet the app	dicable statutory fill	(option more than 90 days after fi ing requirements, this c	ling.) Pursuant to 605.02
ord specifies a delayed effective d filed.	ate, but not an effectiv	e time, at 12:01 a.m	. on the earlier of: (b)	The 90th day after the
October 20	2023			
en	·	·	_	

Filing Fee: \$25.00