## h130001412250

| (Re                     | equestor's Name)  |             |
|-------------------------|-------------------|-------------|
|                         |                   |             |
| (Ac                     | ddress)           |             |
|                         |                   |             |
| (A                      | ddress)           |             |
| <b>,</b>                |                   |             |
|                         |                   |             |
| (Cı                     | ty/State/Zip/Phon | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
|                         |                   |             |
| (8)                     | usiness Entity Na | me)         |
| ,                       | •                 | •           |
|                         | ocument Number)   |             |
| (1.7                    | ocoment (valide)  |             |
|                         |                   |             |
| Certified Copies        | Certificate:      | s of Status |
|                         |                   |             |
| Special Instructions to | Filing Officer:   |             |
| ·                       | _                 | \ <u>\</u>  |
| Spoke to                | OVO)              | olinci,     |
| 1 hadalas               | 1 1011            | 101V2       |
| 1 HERRICE               | of ARCIC          | (C) (C) (C) |
|                         |                   |             |
|                         |                   | İ           |
|                         | 16                | 112121      |
|                         |                   | バグン         |



700374364697

10/05/21--01019--016 \*\*25.00

2021 DCT -5 PM 5: 01
SECRETARY OF STATE
TALL AHASSEELFL

Office Use Only

## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

| elib tuz"t.    | 7414 THE                    | RESERVE LLC                                  |   |   |
|----------------|-----------------------------|--|---|---|
| SUBJECT        |                             | Name of Lin                                  | ited Liability Company  |   |
| The enclosed   | Articles of                 | Amendment and fee(s) are sub                 | omitted for filing.   |   |
| Please return  | all correspo                | ondence concerning this matter               | to the following:   |   |
|                |                             | Stephanie Granda, Esq.                       |   |   |
|                |                             |  | Name of Person  |   |
|                |                             | Granda & Associates PA                       |   |   |
|                |                             |  | Firm/Company  | <u> </u>  |
|                |                             | 8900 SW 117 Ave Ste C20                      | 98  |   |
|                |                             | · · · · · · · · · · · · · · · · · · ·        | Address   | <del></del>   |
|                |                             | Miami FL 33186                               |   |   |
|                |                             |  | City/State and Zip Code   | ·   |
|                |                             | E-mail address: (                            | to be used for future annual report noti                            | fication)   |
| For further in | formation co                | oncerning this matter, please ca             | all:  |   |
| Carolina Maz   | <b>40</b>                   |  | 786 799-1361  |   |
|                | Name of                     | ſ Person                                     | at ()   | ne Telephone Number   |
| Enclosed is a  | check for th                | ne following amount:                         |   |   |
| ■ \$25.00 Fi   | iling Fee                   | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                | ling Address<br>istration S |  | Street Address:   | otion   |
|                |                             | orporations                                  | Registration Se<br>Division of Cor                                  |   |
|                | . Box 632                   |  | The Centre of T   |   |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

7414 THE RESERVE, LLC

2021 OCT -5 PM 5: 01

|   | (A Florida Limited Liability Company)   | TALLAHASSEC, FL                       |
|---|---|---------------------------------------|
| The Articles of Organization for this Limited   | Liability Company were filed on $\frac{10/8/2013}{}$  | and assigned                          |
| Florida document number 1.13000142250   | ·   |                                       |
| his amendment is submitted to amend the fo  | ollowing:   |                                       |
| 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  | on "ELC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appl  | licable:  |                                       |
| Principal office address MUST BE A STRE   | EET ADDRESS)  |                                       |
|   |   | <del></del>                           |
|   |   |                                       |
| Enter new mailing address, if applicable:   | <del></del>   |                                       |
|   | 7 DOM   |                                       |
| Mailing address MAY BE A POST OFFICE  | <u>E BOX)</u>   |                                       |
| Mailing address MAY BE A POST OFFICE  | <u></u>   |                                       |
|   |   |                                       |
| 3. If amending the registered agent and/or  | registered office address on our records,   | enter the name of the new registe     |
| 3. If amending the registered agent and/or  | registered office address on our records,   | enter the name of the new registe     |
| 3. If amending the registered agent and/or  | registered office address on our records,   | enter the name of the new registe     |
| i. If amending the registered agent and/or<br>gent and/or the new registered office addr<br>Name of New Registered Agent: | registered office address on our records, ess here:   | enter the name of the new registe     |
| 3. If amending the registered agent and/or<br>gent and/or the new registered office addr                                  | registered office address on our records,<br>ress here:<br>Stephanie Granda, Esq.                             |                                       |
|   | registered office address on our records,<br>ress here:<br>Stephanic Granda, Esq.<br>8900 SW 117 Ave Ste C208 |                                       |

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>                | Address                            | Type of Action  |
|--------------|----------------------------|------------------------------------|-----------------|
| Mar          | Carolina M. Mazo Velasquez | 7414 NW 107th Court Doral FL 33178 |                 |
|              |                            |                                    | □Remove         |
|              |                            |                                    | ☐ Change        |
| Mr.          | Jesus Veroes               | 7414 NW 107th Court Doral FL 33178 | □Add            |
|              |                            |                                    | <b>=</b> Remove |
|              |                            |                                    | □Change         |
| Mr.          | Jesus R. Veroes            | 7414 NW 107th Court Doral FL 33178 | □Add            |
|              |                            |                                    | ■Remove         |
|              |                            | <del></del>                        | Change          |
| <del></del>  |                            |                                    | □Add            |
|              |                            |                                    | Remove          |
|              |                            |                                    | 🗆 Change        |
| <del></del>  |                            |                                    | □Add            |
|              |                            |                                    | □Remove         |
|              |                            |                                    | □Change         |
|              |                            |                                    | 🗀 Add           |
|              |                            |                                    | 🗆 Remove        |
|              |                            |                                    | Change          |

|  |  |   |  |  | <del></del>                        |
|--|--|---|--|--|------------------------------------|
|  |  |   |  |  |                                    |
|  |  |   |  |  |                                    |
|  |  |   |  |  |                                    |
|  | ·  |   | <u> </u>   |  |                                    |
|  |  |   |  |  |                                    |
|  |  | _   |  |  |                                    |
|  |  |   |  |  |                                    |
|  |  | <del></del> -                                       |  |  |                                    |
|  |  |   |  |  |                                    |
|  |  |   |  |  |                                    |
|  |  |   |  |  |                                    |
|  |  | <del> </del>  |  |  |                                    |
|  | <del></del>  |   |  |  |                                    |
|  |  |   |  |  |                                    |
|  |  |   |  |  |                                    |
|  |  | <del></del>   |  |  | <del></del>                        |
|  |  | <del></del>   |  |  |                                    |
|  |  |   |  |  |                                    |
|  |  |   |  |  | <del></del>                        |
|  |  | <del></del>   | <del></del>                                      |  |                                    |
| n effective date is listed, the<br>ote: If the date inserted | han the date of filing:<br>e date must be specific and ca<br>in this block does not me<br>on the Department of Sta | annot be prior to date of<br>et the applicable stat | tiling or more than 90 outory filing requirement | _ (optional)<br>lays after filing.) Pursuant<br>ents, this date will not b | ιο 605.026<br>σe list <b>e</b> d a |
| ecord specifies a delayed<br>is filed.                       | l effective date, but not a  | i effective time, at 1.                             | 2:01 a.m. on the earli                           | er of: (b) The 90th day  | y after th                         |
| October 1  |  | 2021  |  |  |                                    |
|  | trule  |   |  |  |                                    |
| <u> </u>   | A Stratura of a ma   | mha or anth agin of                                 | resentative of a member                          |  |                                    |

Filing Fee: \$25.00