

L17000242017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

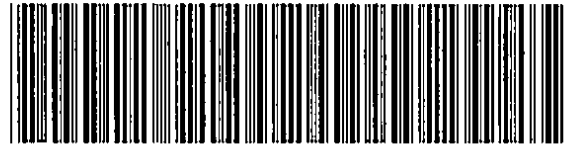
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11/15/21--01022--019 **25.00

2021 DEC 20 PM 2:44
CLERK OF STATE
STATE OF TEXAS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 DEC 22 AM 11:19

December 3, 2021

SULAY GARCIA
2490 CORAL WAY
4TH FLOOR
MIAMI, FL 33145

SUBJECT: CIA BUENA VISTA, LLC
Ref. Number: L17000242017

We have received your document for CIA BUENA VISTA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L11000122039 PLP INVESTMENTS, LLC.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 421A00029071

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CIA Buena Vista, 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:

Sulay Garcia

Name of Person

Ayala Law PA

Firm/Company

2490 Coral Way, 4th floor

Address

Miami, FL 3145

City/State and Zip Code

sgarcia@ayalalawpa.com

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

For further information concerning this matter, please call:

Sulay Garcia

Name of Person

at (305)

Area Code

570-2208

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**

CIA Buena Vista, 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 11/27/2017 and assigned
Florida document number L17000242017.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PLP Commercial LLC

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

City, Florida

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>
MGR	Sulay Garcia	2490 Coral Way	<input checked="" type="checkbox"/> Add
		4th floor	<input type="checkbox"/> Remove
		Miami, FL 33145	<input type="checkbox"/> Change
MGR	Eduardo Ayala Maura	2490 Coral Way	<input type="checkbox"/> Add
		Suite 401	<input checked="" type="checkbox"/> Remove
		Miami, FL 33145	<input type="checkbox"/> Change
AMBR	TM Solutions USA LLC	2490 Coral Way	<input type="checkbox"/> Add
		Suite 403	<input checked="" type="checkbox"/> Remove
		Miami, FL 33145	<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]

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.

Dated November 10, 2024

[Handwritten signature]

Sulay Garcia / Manager
Typed or printed name of signee

Typed or printed name of signee

Filing Fee: \$25.00