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Certified Copies	Certificates	of Status
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Special Instructions to I	Filing Officer:	

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T. MATTHEWS

FEB 28 2022

COVER LETTER

TO:

Registration Section Division of Corporations

7414 THE SUBJECT:	RESERVE, LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CAROLINA M. MAZO V		
	Name of Limited Liability Company and Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: CAROLINA M. MAZO VELANQUEZ		
	7414 THE RESERVE, LL	С	
		Firm/Company	
	7414 NW 107TH CT.		
		Address	
	MIAMI, FL 33178		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
CAROLINA M. MAZO	VELASQUEZ		
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Division of C P.O. Box 632	Section Corporations 27	Registration Se Division of Co The Centre of	rporations Fallahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7414 THE RESERVE, LLC

22 FEE 10 PH 3: 50

(Name of the Limited Liai (A Flo	bility Company as it now appears on our rec rida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability	y Company were filed on 10/08/2013	and assigned
Florida document number 1.13000142250	·	
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "I	.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	
B. If amending the registered agent and/or registe		ter the name of the new registered
agent and/or the new registered office address her	<u>e</u> :	
Name of Nove Davistand Again		
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street ad	drass
-	- City	Florida Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent:	'
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	d complete performance of my duties I agent as provided for in Chapter 60 ered office address. I hereby confirm	, and I am familiar with and 95, F.S. Or, if this document is

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>	Address	Type of Action
AMBR	Maria Patricia Velasquez Ramirez	7414 NW 1071'H CT.	■Add
		MIAMI, FL 33178	□Remove
			Change
			□Add
			□Remove
			□ Add
		<u>-</u>	Remove
			□Change
			🗆 Add
			□Remove
			Change
			□Add
		_	□Remove
			□Change
			□Remove
			Change

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ffectiv	date, if other than the date of filing: (optional)	
	ive 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 605.9 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste	
	t's effective date on the Department of State's records.	
record is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ated _	Carloman Maro VE lasquez- Signature of a member or authorized representative of a member	
	("Colore M N 20 / F 1630027.	

Typed or printed name of signce