

h22000437308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

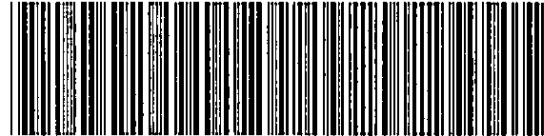
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500396238275

10/24/22 -01018--012 **25.00

2022 OCT 24 PM 1:18
CLERK OF STATE
TALLAHASSEE, FL
1010

A. BUTLER

JAN 17 2023

COVER LETTER

TO: Registration Section
Division of Corporations

ALONSO SANZ SERVICES LLC

SUBJECT: _____
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:

Ana Oliva

Name of Person

MIAMI NOTARY LLC

Firm/Company

9720 SW 14 ST

Address

MIAMI FL 33174

City/State and Zip Code

OLIVAANA@AOL.COM

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

For further information concerning this matter, please call:

Ana Oliva

305

323-0132

at ()

Name of Person

Area Code

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**

ALONSO SANZ SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2022 OCT 24 PM 1:18

FILED
CLERK OF COURT
STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/10/2022 and assigned
Florida document number 122000437308.

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

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 | CARLOS ALONSO SANCHEZ CORTES | 1270 NW 32ND ST | <input type="checkbox"/> Add |
| | | MIAMI FL 33142 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | CARLOS ALONSO SANCHEZ CORTES | 1270 NW 32ND ST | <input checked="" type="checkbox"/> Add |
| | | MIAMI FL 33142 | <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 |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

THERES IS MISSPELLINGIN IN THE MEMBER LAST NAME / IT SHOULD BE CORTEZ

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

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.

OCTOBER 13 2022
Dated _____,

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L22000437308
FILED 8:00 AM
October 10, 2022
Sec. Of State
oisimmons**

Article I

The name of the Limited Liability Company is:

ALONSO SANZ SERVICES LLC

Article II

The street address of the principal office of the Limited Liability Company is:

1270 NW 32ND ST
MIAMI, FL. US 33142

The mailing address of the Limited Liability Company is:

1270 NW 32ND ST
MIAMI, FL. US 33142

Article III

The name and Florida street address of the registered agent is:

ANA OLIVA
425 SW 22 AVE
SUITE E
MIAMI, FL. 33135

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: ANA OLIVA

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
CARLOS A SANCHEZ CORTES
1270 NW 32ND ST
MIAMI, FL. 33142 US

L22000437308
FILED 8:00 AM
October 10, 2022
Sec. Of State
oisimmons

Article V

The effective date for this Limited Liability Company shall be:

10/10/2022

Signature of member or an authorized representative

Electronic Signature: CARLOS ALONSO SANCHEZ CORTES

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.