

L070000 22374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

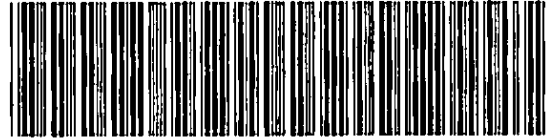
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2701 SEGOVIA STREET 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:

MARILUZ SALDARRIAGA
Name of Person
Firm/Company
7410 SW 159 TERRACE
Address
PALMETTO BAY, FL. 33157
City/State and Zip Code
ljsbusiness@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis J Saldarriaga 786 281-3316
Name of Person at () 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**

2701 SEGOVIA STREET 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 02/25/2007 and assigned Florida document number L07000022374.

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)

Mariluz
Saldarriaga
7410 SW 159 Terrace
Palmetto Bay .FL. 33157

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:

Mariluz Saldarriaga & ~~Luis Saldarriaga~~

New Registered Office Address:

7410 SW 159 Terrace

Enter Florida street address

Palmetto Bay

City

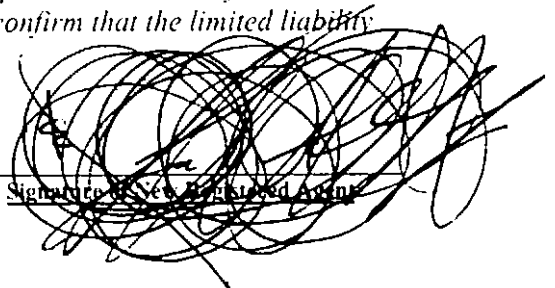
Florida 33157

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	Luis J. Saldarriaga Sr.	2711 Segovia Street Coral Gables, FL. 33134	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Luis J Saldarriaga Judge	455 Coral Way A-7 Coral Gables, FL. 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Mariluz Saldarriaga	7410 SW 159 Terrace Palmetto Bay, FL. 33157	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Nicole Saldarriaga (owner) 50%	455 Coral Way A-7 Coral Gables, FL. 33134	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Emilio Azon (owner) 50%	7410 SW 159 Terrace Palmetto Bay FL. 33157	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Amending ownership of 2701 Segovia Street LLC to:

Nicole Saldarriaga, 455 Coral Way A-7, Coral Gables, FL, 33134. 50% of shares

Emilio Azan, 7410 SW 159 Terrace, Palmetto Bay, FL, 33157. 50% of shares

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STATE OF FLORIDA
DEPARTMENT OF STATE

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

(If an effective 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 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated DECEMBER 02 2021



Signature of a member or authorized representative of a member

Mariluz Saldarriaga
Typed or printed name of signee