

LO7000075593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

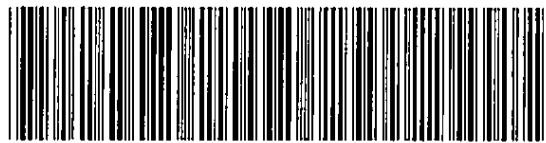
(Business Entity Name)

(Document Number)

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LAW OFFICES
LUIS E. BARRETO & ASSOCIATES, P.A.

DOUGLAS CENTER, SUITE 507
2600 S. DOUGLAS ROAD
CORAL GABLES, FLORIDA 33134
TELEPHONE: (305) 358-1771
FACSIMILE: (305) 358-1773

LUIS E. BARRETO, ESQUIRE
YUNEYMIS BARRETO, ESQUIRE
LUISA LINARES, ESQUIRE
STEPHANIE MIRANDA, ESQUIRE

LEGAL ASSISTANTS
ALEJANDRA MONTEALEGRE, FRP
YANEISI LEDESMA

May 21, 2024

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: Masri Blackpoint, LLC
Florida Document No.: L07000075593

Dear Sir or Madam:

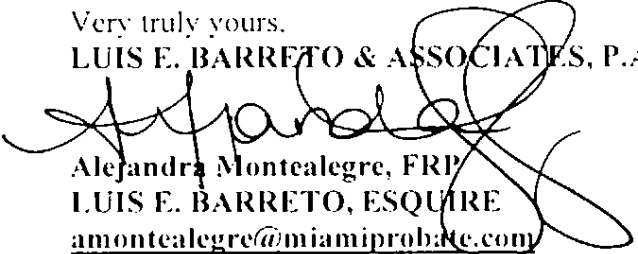
Enclosed please find the following:

- a. Completed form to amend the Articles of Organization of a Florida Limited Liability Company
- b. Certified Order Granting Motion to Clarify Order Granting Motion for Authority to Appoint a Manager for the Decedent's Limited Liability Companies from the Probate Specialty Wheel and Strike and Void Honorable Court's Order dated March 11, 2024
- c. Check No.: 11969, made payable to Florida Department of Statement, in the amount of \$25.00

Should you have any questions, please do not hesitate to contact Luis E. Barreto on his cellphone at 305-992-3659 or the office at 305-358-1771. Until then, I remain

Very truly yours,

LUIS E. BARRETO & ASSOCIATES, P.A.


Alejandra Montealegre, FRP

LUIS E. BARRETO, ESQUIRE

amontealegre@miamiprobate.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MASRI BLACKPOINT, 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:

Luis E. Barreto

Name of Person

Luis E. Barreto & Associates, PA

Firm/Company

2600 S. Douglas Road, Suite 507

Address

Coral Gables, Florida 33134

City/State and Zip Code

Lbarreto@miamiprobate.com

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

For further information concerning this matter, please call:

Luis E Barreto

305

358-1771

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

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

MASRI BLACKPOINT, 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 07/23/2007 and assigned
Florida document number L07000075593.

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:

2600 S. Douglas Road, Suite 507

(Principal office address MUST BE A STREET ADDRESS)

Coral Gables, Florida 33134

Enter new mailing address, if applicable:

2600 S. Douglas Road, Suite 507

(Mailing address MAY BE A POST OFFICE BOX)

Coral Gables, Florida 33134

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:

Brandon Hechuman, Esquire

New Registered Office Address:

2525 Ponce De Leon Blvd., Suite 300

Enter Florida street address

Coral Gables

Florida

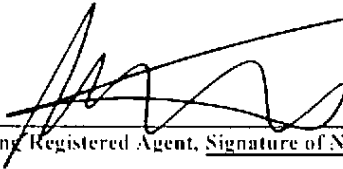
33134

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	Luis E Barreto, Esquire	2600 S. Douglas Road, Suite 507	<input checked="" type="checkbox"/> Add
		Coral Gables, Florida 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Zana M. Matthiesen	PO Box 165033	<input type="checkbox"/> Add
		Miami, Florida 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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.

Dated May 15 2024

Authorized representative of a member

Typed or printed name of signee