

LO7000075601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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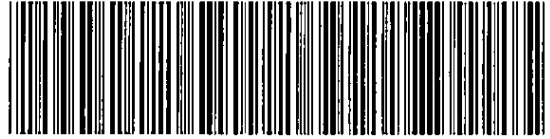
(Business Entity Name)

(Document Number)

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*ME*

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 Sugarloaf, LLC**  
**Florida Document No.: L07000075601**

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.: 11968, made payable to Florida Department of State, 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](mailto:amontealegre@miamiprobate.com)

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MASRI SUGARLOAF, 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
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**

MASRI SUGARLOAF, 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 L07000075601.

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 Hechtman, Esquire

New Registered Office Address:

2525 Ponce De Leon Blvd., Suite 300

*Enter Florida street address*

Coral Gables

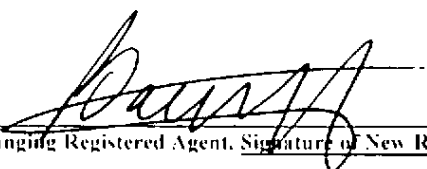
Florida 33134

*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	Zaina M. Matthiesen	PO Box 165033	<input type="checkbox"/> Add
		Miami, Florida 33116	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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**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

Luis E. Barreto, Manager

Typed or printed name of signee