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| PICK-UP WAIT MAIL                        |
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| Certified Copies Certificates of Status  |
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| Special Instructions to Filing Officer:  |
| Special institutions to 1 limit Officer. |
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Office Use Only



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## **COVER LETTER**

TO:

Registration Section Division of Corporations

ESQUINA RAMBLAS, 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: LEIRIS M. FETHER Name of Person ESOUINA RAMBLAS, LLC Firm/Company 11240 SW 48TH ST Address MIAMI, FL 33165 City/State and Zip Code LEIRIS2002@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LEIRIS M. FETHER Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 FEB 22 PH 12: 07

| ESQUINA RAMBLAS, LLC   |   | SECRETARY OF THE PROPERTY OF T |
|--|---|--|
| (Name of the Limit   | ed Liability Company as it now appears on our reco<br>(A Florida Limited Liability Company) | <u>rds.</u> )  |
| The Articles of Organization for this Limited Li<br>Florida document number L07000109765   | - · · · · · · · · · · · · · · · · · · ·   | and assigned   |
| This amendment is submitted to amend the following   | owing:  |  |
| A. If amending name, enter the new name of   | the limited liability company here:   |  |
| The new name must be distinguishable and contain the w                                     | ords "Limited Liability Company," the designation "LI                                       | .C" or the abbreviation "L.L.C."   |
| Enter new principal offices address, if applic   | able:   |  |
| (Principal office address MUST BE A STREE  | T ADDRESS)  |  |
|  | <u> </u>  |  |
| Enter new mailing address, if applicable:  |   |  |
| (Mailing address MAY BE A POST OFFICE  | <u></u>   |  |
|  |   |  |
| B. If amending the registered agent and/or ragent and/or the new registered office address |   | er the name of the new registered  |
| Name of New Registered Agent:  | LEIRIS M. FETHER  |  |
| New Registered Office Address:   | 11240 SW 48TH ST  |  |
|  | Enter Florida street addı   | ess  |

## 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.

City

MIAMI

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> | Name             | Address                          | Type of Action        |
|--------------|------------------|----------------------------------|-----------------------|
| AMBR         | LEIRIS M. FETHER | 11240 SW 48TH ST MIAMI, FL 33165 | 🗀 Add                 |
|              |                  |                                  | □Remove               |
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| *Please make sure the name is w   | ritten only as Leiris M. Fether   | *(Do not write the title         | next to the name)                 |
|---|-----------------------------------|----------------------------------|-----------------------------------|
|   |                                   |                                  |                                   |
| I attached the previous forms I s                                       | ent and copy of previous paym     | ent. I did not write the tit     | le next to my name.               |
| I appreciate your help with these                                       | corrections.                      |                                  |                                   |
| Leiris M. Fether  |                                   |                                  |                                   |
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| tive date, if other than the da   | te of filing:                     | a of filing or more than 1911 de | _ (optional)                      |
| If the date inserted in this block<br>ment's effective date on the Depa | does not meet the applicable      | statutory filing requireme       | nts, this date will not be lister |
| ord specifies a delayed effective d                                     | ate, but not an effective time, a | at 12:01 a.m. on the earfie      | r of: (b) The 90th day after      |
| iled.   |                                   |                                  |                                   |
| 12 FEBRUARY   | 2022                              |                                  |                                   |
|   | X                                 | $\sim$                           |                                   |

Filing Fee: \$25.00

Typed or printed name of signee