

LC7000109765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

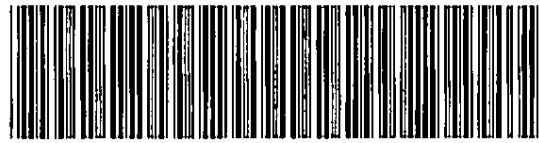
(Business Entity Name)

(Document Number)

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2022 MAY 19 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ESQUINA RAMBLAS L.L.C.
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
ESQUINA RAMBLAS L.L.C.
Firm/Company
11240 SW 48TH ST
Address
MIAMI FL, 33165
City/State and Zip Code
4000poncecafe@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEIRIS M. FETHER at (786) 508-5265
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

FILED

2022 MAY 19 AM 10:55

ESQUINA RAMBLAS L.L.C.

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 10/30/2007 and assigned
Florida document number 1.07000109765

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)

4000 PONCE DE LEON BLVD.

SUITE 120

CORAL GABLES, FL 33146

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11240 SW 48TH ST

MIAMI, FL

33165

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: MIDIAM JUSTIZ

New Registered Office Address: 4000 PONCE DE LEON BLVD. SUITE 120

Enter Florida street address

CORAL GABLES

Florida

33146

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>
AMBR	MIDIAM JUSTIZ	11240 SW 48TH ST MIAMI FL. 33165	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
AMBR	LEIRIS M. FETHER	11240 SW 48TH ST MIAMI FL. 33165	<input checked="" 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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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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

1-Please update the Principal Address

The business address is: 4000 Ponce de Leon Blvd. Suite 120 Coral Gables, FL 33146

2-Please Update authorized members (AMBR)

Both, Leiris M. Fether and Midiam Justiz are authorized members. Title (AMBR)

3-Registered address

Both, Leiris M. Fether and Midiam Justiz live in the same home address (Mailing Address)

11240 SW 48th ST Miami FL, 33165

Please scan a copy of this amendment to the sunbiz website when updated. Thank you.

2022 MAY 19 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

05/15/2022

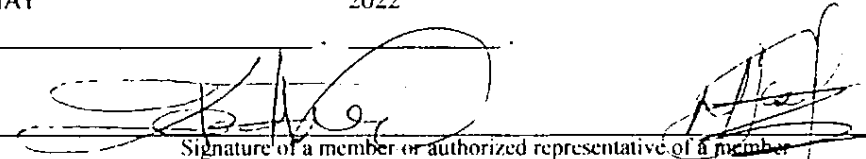
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 15 MAY 2022


Signature of a member or authorized representative of a member

LEIRIS M. FETHER AND MIDIAM JUSTIZ

Typed or printed name of signee