

LO9000027224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

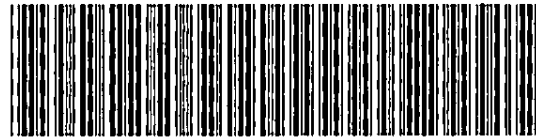
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800337458888

12/11/19--01005--024 **30.00

FILED
2019 DEC 11 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FL 32304

cus
Name chg

JAN 14 2020

I ALBRITTON

COVER LETTER

**O: Registration Section
Division of Corporations**

Amoedo Group Law, PLLC
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:

Andres Amoedo III

Name of Person

Miami-Dade Appraisals

Firm/Company

P.O. Box 566711

Address

Miami, Florida 33256

City/State and Zip Code

andy@miamidadeappraisals.com

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

For further information concerning this matter, please call:

Andres Amoedo III

786

326-1841

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
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2019 DEC 11 PM 4:16
U.S. DISTRICT COURT
SOUTHERD DISTRICT OF FLORIDA
TALLAHASSEE, FLORIDA

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

florida document number L09000027224

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Miami, Florida 33133

Miami, Florida 33256

Zip Code

If Changing Registered Agent, Signature of New Registered Agent

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

[illegible]

_____ ☐ Add

[Remove](#)

_____ ☐ Change

☐ Add

[Remove](#)

_____ ☐ Change

_____ ☐ Add

[_____](#) [Remove](#)

_____ ☐ Change

☐ Add

[Remove](#)

_____ ☐ Change

_____ ☐ Add

[Remove](#)

☐ Change

_____ ☐ Add


☐ Remove

_____ ☐ Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings visible.

(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)

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.



Typed or printed name of signee

Filing Fee: \$25.00