L100000 30973

	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone #)	· · ·
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
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Special Instruction	s to Filing Officer:	
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Office Use Only



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2020 SEP -9 MM 7: 51

D. BRUCE OCT 21 2020



March 22, 2010

SPIEGEL & UTRERA
TALLAHASSEE, FL

The Articles of Organization for FAMILY RETIREMENT FUND LLC were filed on March 22, 2010, and assigned document number L10000030973. Please refer to this number whenever corresponding with this office.

A limited liability company annual report/uniform business report will be due this office between January 1 and May 1 of the year following the calendar year of the file date. A Federal Employer Identification (FEI) number may be required before this report can be filed. Please apply NOW with the Internal Revenue Service by calling 1-800-829-4933 and requesting form SS-4.

Please be aware if the limited liability company address changes, it is the responsibility of the limited liability company to notify this office.

Should you have any questions regarding this matter, please contact this office at the address given below.

Buck Kohr Regulatory Specialist II Registration/Qualification Section Division of Corporations

Letter Number: 710A00006970 SEP -9 AM 7:

COVER LETTER

SUBJECT: FAMILY RETIREMENT FUND LLC Name of Limited Liability Company
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:
IVAN MEDEROS JR. Name of Person
Firm/Company
11/30 SW10874 COUNT
miami FC 33176
TVAN. MEDENOS. TREGMAIL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TVAN MEDEROS JR. at 305 282-1067 8 Area Code Daytime Telephone Number F
Enclosed is a check for the following amount: \$\Begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations

TO:

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

Family Re	TIREN	nENT FU	NOLLO	-	
(Name of the Limited	Liability Compa Florida Limited I	ny as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited Liab	sility Company	were filed on	100/00	_Oand assig	gned
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the	ne limited liab	ility company here:			
The new name must be distinguishable and contain the word	is "Limited Liabil				
Enter new principal offices address, if applicab	le:	11/80 SU	100	COU	16/
(Principal office address MUST BE A STREET)	<u>ADDRESS)</u>	<u> m//tm/</u>	FC 3	9//	<u></u> _
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>2X)</u>	11130 SU Miami A) 1087 H 33	H COU 176	R/
B. If amending the registered agent and/or reg		nddress on our records,	enter the name	of the new	registered
Name of New Registered Agent:	Mod	y Mede	nos	EP -9	- 1
New Registered Office Address:	_///8	0 SW /	087H-0	1=	<u> </u>
	min	Enter Florida street	address, Florida	33/-7	6
	•	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

It amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Ma $AMBR = Au$	inager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Mbr	IVAN MEDEROSS	CA. 11/80 SW 108THC	□Add
		miami pc 3317	Remove
			□Change
MGR	LUAN MEDEROS In.	11/30 SW 108 Mc/ mismi FC 33176	Add 🔀
		mismi FC 33176	□Remove
			□Change
		A	- FDAdd
		37.73 37.73 37.73	Remove
			□ Mange — — — — — — — — — — — — — — — — — — —
			□ Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change

famending any other information, enter change(s) here: (Attach additional sheets, if no PLASE NEGISIEN AMACHED CH	ANGE.
PLEASE RECISIEN AMACHED CH ASSIGNENT OF LIMITED LIABILIT	7 COMPANY
ENTEREST	/
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Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days at Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	otional) fter filing.) Pursuant to 605.0207 (3 this date will not be listed as the
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: rd is filed.	(b) The 90th day after the
Dated	
Signature of a member or authorized representative of a member	
moly Mesons	

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ASSIGNMENT OF LIMITED LIABILITY COMPANIES INTEREST

Carol City Retirement, LLC Family Retirement Fund, LLC Savings for Retirement, LLC Retirement Enterprises, LLC

Assignment of Limited Liability Company Interest between Ivan Mederos and Moly Mederos ("Assignors") and Ivan Mederos and Moly Mederos as Trustees of the Mederos Family Revocable Trust dated April 14th, 2010 ("Assignee"), dated as of the 4day of 50 february 2019.

STATEMENT OF FACT

- A. Assignors own all of the interest in Carol City Retirement, LLC, Family Retirement Fund, LLC, Savings for Retirement, LLC and Retirement Enterprises, LLC, all Florida limited liability companies (the "Companies").
 - B. Assignors desire to assign all of their interests in the Companies to Assignee.
- C. Assignee desires to accept such assignment of Assignors' limited liability companies interest.

AGREEMENT

In consideration of the sum of Ten Dollars (\$10.00), the mutual promises and covenants contained herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

- 1. Assignors assign, transfer and release to Ivan Mederos and Moly Mederos as Trustees of the Mederos Family Revocable Trust dated April 14th, 2010 all of Assignors' membership interest in the Companies.
- 2. Assignee shall receive Assignors' right, title and interest in and to Assignors' limited liability company interest as is being assigned hereby.
- 3. Assignors shall release and indemnify Assignee from any past liability involving the Companies.
- 4. The parties shall enter into an operating agreement and Assignee's interest shall be registered with SUNBIZ.

The undersigned have executed this Assignment of Limited Liability Companies Interest as of the date set above.

Assignors:

Ivan Mederos

Assignee:

Mederos Family Revocable Trust (Dated April 14th, 2010) Ivan Mederos, Trustee Moly Mederos

Mederos Family Revocable Trust (Dated April 14th, 2010)

Moly Mederos, Trustee

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000030973

Entity Name: FAMILY RETIREMENT FUND LLC

Current Principal Place of Business:

11180 S.W. 108TH COURT MIAMI, FL 33176

Current Mailing Address:

11180 SW. 108 TH CT. MIAMI, FL 33176 US

FEI Number: 27-2239197

Certificate of Status Desired: No

FILED Jun 25, 2020

Secretary of State

9180583016CC

Name and Address of Current Registered Agent:

MEDEROS, IVAN SR. 11180 SW. 108 CT. MIAMI, FL 33176-3465 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: IVAN MEDEROS SR.

06/25/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

Title

MGR

MEDEROS, IVAN SR.

11180 S.W. 108TH COURT

MIAMI FL 33176

Name Address

Title

11180 S.W. 108TH COURT

MEDEROS, MOLY

City-State-Zip:

MIAMI FL 33176

MGR

Title

City-State-Zip:

Name

Address

MGR

Name

MEDEROS, IVAN SR.

Address

11180 S.W. 108TH COURT

City-State-Zip:

MIAMI FL 33176

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605. Florida Statutes: and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: IVAN MEDEROS SR

MGR

06/25/2020

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2020140635

DATE ISSUED: AUGUST 12, 2020

DECEDENT INFORMATION

DATE FILED: **AUGUST 12, 2020**

NAME: IVAN MEDEROS

DATE OF DEATH: AUGUST 6, 2020

SEX: MALE AGE: 084 YEARS SSN: ***-3677

DATE OF BIRTH: MARCH 30, 1936 PLACE WHERE DEATH OCCURRED:

BIRTHPLACE: LA HABANA, CUBA

DECEDENTS HOME

FACILITY NAME OR STREET ADDRESS: 11180 SW 108 COURT LOCATION OF DEATH: MIAMI, MIAMI-DADE COUNTY, 33176

RESIDENCE: 11180 SW 108 COURT, MIAMI, FLORIDA 33176, UNITED STATES

COUNTY: MIAMI-DADE

OCCUPATION, INDUSTRY: BUILDER, CONSTRUCTION

EDUCATION: MASTERS DEGREE

EVER IN U.S. ARMED FORCES?NO

HISPANIC OR HAITIAN ORIGIN? YES, CUBAN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: MOLY HORTA

FATHER'S/PARENT'S NAME: RICARDO IRURETAGOYENA MOTHER'S/PARENT'S NAME: ESPERANZA MEDEROS

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: MOLY MEDEROS RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 11180 SW 108 COURT, MIAMI, FLORIDA 33176, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: WILLIAM T VIVAR, F029205

FUNERAL FACILITY: BERNARDO GARCIA FUNERAL HOMES-KENDALL F041291

12050 SW 117TH AVENUE, MIAMI, FLORIDA 33186

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: WOODLAWN PARK CEMETERY SOUTH

MIAMI, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

DATE CERTIFIED: AUGUST 7, 2020

TIME OF DEATH (24 HOUR): 1515

CERTIFIER'S NAME: ALEXANGEL SANTANA

CERTIFIER'S LICENSE NUMBER: ME103920

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): NOT ENTERED

The first five digits of the decedent's Social Security Number has been reducted pursuant to §119,071(5), Florids Statutes.

, STATE REGISTRAR

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE
THIS COCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATCHLANDS OF THE CREAT
SEAL OF THE STATE OF FLORIDA DO NOT ACCEPT WITHOUT VERPING THE PRESENCE OF THE WATERHEAD COLMENT FACE CONTAINS A NAT TOCK OPEN DAYLAROUND, TOLD EMPOSED SEAL, AND
THE PROCESSORY FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT, THE DOCUMENT WILL NOT PRODUCE

DH FORM 1946 (05-13)

CERTIFICATION OF VITAL RECORD



IF ALTERED OR

REQ: 2021814064