

L100000 30977

(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



300351757333

09/09/20--01031--005 **30.00

OCT 20 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RETIREMENT ENTERPRISES 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:

IVAN MEDEROS JR.

Name of Person

RETIREMENT ENTERPRISES LLC

Firm/Company

11130 SW 108TH COURT

Address

MIAMI, FL 33176

City/State and Zip Code

IVAN. MEDEROS. JR@GMAIL.COM

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

For further information concerning this matter, please call:

IVAN MEDEROS JR.

Name of Person

at 305 282-1067

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

RETIREMENT ENTERPRISES 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 3/22/2010 and assigned Florida document number L10000030977

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)

11180 SW 108TH COURT
MIAMI FL 33176

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11130 SW 108TH COURT
MIAMI FL 33176

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:

MOLY MEDEROS

New Registered Office Address:

11180 SW 108TH COURT

Enter Florida street address

MIAMI

City

Florida

33176

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.

Moly Mederos

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	IVAN MEDEROS SR	11180 SW 108TH CT	<input type="checkbox"/> Add
		MIAMI, FL 33176	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	IVAN MEDEROS JR	11130 SW 108TH CT	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33176	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<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.)

PLEASE REGISTER ATTACHED CHANGE.
ASSIGNMENT OF LIMITED LIABILITY COMPANY
INTEREST.

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

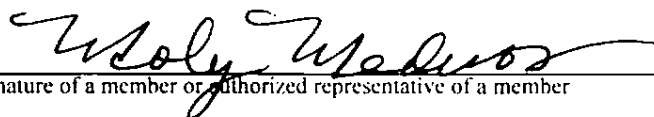
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

9/1/2000



Signature of a member or authorized representative of a member

MOLY MEDEROS

Typed or printed name of signee

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 24 day of September, 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




Moly Mederos

Assignee:



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



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

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000030977

Entity Name: RETIREMENT ENTERPRISES LLC

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 27-2240935

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

06/25/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	MEDEROS, IVAN SR.	Name	MEDEROS, MOLY
Address	11180 S.W. 108TH COURT	Address	11180 S.W. 108TH COURT
City-State-Zip:	MIAMI FL 33176	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

Electronic Signature of Signing Authorized Person(s) Detail

Date

STATE OF FLORIDA

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 8, 2020

SEX: MALE

AGE: 084 YEARS

DATE OF BIRTH: MARCH 30, 1936

SSN: ***-**-3877

BIRTHPLACE: LA HABANA, CUBA

PLACE WHERE DEATH OCCURRED: DECEDENT'S HOME

FACILITY NAME OR STREET ADDRESS: 11180 SW 108 COURT

LOCATION OF DEATH: MIAMI, MIAMI-DADE COUNTY, 33178

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

TIME OF DEATH (24 HOUR): 1515

DATE CERTIFIED: AUGUST 7, 2020

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 redacted pursuant to §119.071(5), Florida Statutes.

STATE REGISTRAR

REQ: 2021814064

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

THIS DOCUMENT IS PRINTED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT PAGE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.

WARNING:



* 4 0 6 4 1 5 3 0 *

CERTIFICATION OF VITAL RECORD

DH FORM 1948 (03-13)