

L11 000025848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

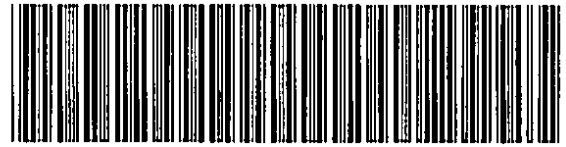
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 MAY -2 AM 9:41

J DENNIS
JUN 27 2022

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: PATAGONIA REMODELING 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:

IVONNE ANDERSON

Name of Person

ALL COUNTRY GROUP INC

Firm/Company

2301 S OCEAN DRIVE SUITE 2402

Address

HOLLYWOOD, FL 33019

City/State and Zip Code

allcountrygroup@gmail.com

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

For further information concerning this matter, please call:

IVONNE ANDERSON

Name of Person

954

at ()

Area Code

770-8124

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**

PATAGONIA REMODELING 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 03/02/2011 and assigned
Florida document number L11000025848.

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:

2338 NE 172nd STREET

(Principal office address MUST BE A STREET ADDRESS)

NORTH MIAMI BEACH, 33160

Enter new mailing address, if applicable:

2338 NE 172nd STREET

(Mailing address MAY BE A POST OFFICE BOX)

NORTH MIAMI BEACH, FL 33160

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:

NESTOR A SAAVEDRA

New Registered Office Address:

2338 NE 172nd STREET

Enter Florida street address

NORTH MIAMI BEACH

Florida

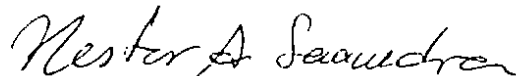
33160

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

7 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	ROBERTO O LISTTE	645 NE 144th STREET	<input type="checkbox"/> Add
		NORTH MIAMI, FL 33161	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PATAGONIA REMODELING	2338 NE 172nd STREET	<input checked="" type="checkbox"/> Add
	AND CONSTRUCTION LLC	NORTH MIAMI BEACH, 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

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.

Dated _____ APRIL 8 2022

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00