L11 0000 78936

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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10/7/21

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06/22/21--01026--011 **75.00

21 SEP -9 PH 3: 03

200 EP -8 PH 4:59

July 26, 2021

ADRIANA MACEDO/ PATRICIA CANTON 4581 WESTON RD #189 WESTON, FL 33331

SUBJECT: LV PROPERTIES GROUP, LLC

Ref. Number: L11000078936

We have received your document for LV PROPERTIES GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 221A00017429

Tekayla T Matthews OPS

www.sunbiz.org

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

CITO HEZER.	ERTIES GROUP, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	endence concerning this matter	to the following:			
	Adriana Macedo/Patricia C	anton			
	Adriana Macedo/Patricia Canton Name of Person Assure International LLC Firm/Company 4581 Weston Road #189 Address Weston, FL, 33331 City/State and Zip Code				
	Assure International LLC				
		Firm/Company			
	4581 Weston Road #189				
		Address			
	Weston, FL, 33331				
	·	City/State and Zip Code			
	amacedo@assureinternation				
	E-mail address: (to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please ca	all			
Adriana Macedo		305 239-9080 ex			
Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for the	he 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		Street Address:	etion		
Registration : Division of C		Registration Security Division of Cor			
P.O. Box 632		The Centre of T	•		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF 21 SEP -8 PH 3: 03

LV PROPERTIES GROUP, 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 L	iability Company	y were filed on July 7th	1, 2011	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of	of the limited lial	bility company here:		
The new name must be distinguishable and contain the v	words "Limited Liab	nility Company," the designa	ation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic	cable:		<u>-</u>	
(Principal office address MUST BE A STREE	ET ADDRESS)		 	<u> </u>
			 .	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
				
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our record	ds, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	Assure Interna	ational LLC		.
New Registered Office Address:	801 Brickell A	Avenue, Suite 900	uite 900	
		Enter Florida st	reet address	_
	Miami		, Florida _ ³³	
		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.

f 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 = Ma AMBR = Au	nager thorized Member			
Title	<u>Name</u>	Address	21 SEP -8 PH	3: 03 Type of Action
				□Add
				□Remove
				□Change
				□Add
				🗖 Remove
				□Change
				□Add
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				□Change
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				□Add
				□Remove
				□Change
				□Add
				□Remove
				Change

	21 SEP -8 PH 3: 03	
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ective	date, if other than the date of filing: May 19th, 2021 (optional)	
i effectiv	we 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 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.	.020.
	's effective date on the Department of State's records.	cc us
cord sp is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after	r the
.s mea.		
Ma ted	ay 19th	
	Suprature of a member or purpose and innecessative of a member	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00