L16000386690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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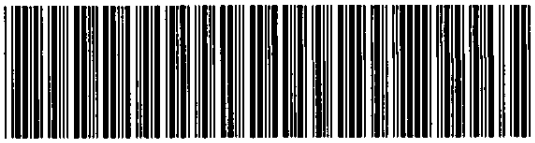

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S. YOUNG

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TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 23, 2016

ALFREDO JESUS IZAGUIRRE
10 APRIL, LLC
4420 NW 107TH AVENUE UNIT 205
MIAMI, FL 33178

SUBJECT: 10 APRIL L.L.C.
Ref. Number: L12000038690

We have received your document for 10 APRIL L.L.C., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for $25.00.

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) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 116A00023605

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TALLAHASSEE, FLORIDA

# COVER LETTER

**TO:** **Registration Section**
**Division of Corporations**

**SUBJECT:** 10 APRIL, 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:

ALFREDO JESUS IZAGUIRRE
Name of Person

10 APRIL, LLC
Firm/Company

5309 SW 125 AVE
Address

MIAMI, FL 33122
City/State and Zip Code

JENNIFERPLANCHART@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LESTER BARRERAS C.P.A., P.A. at (305) 477-1988
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)

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**MAILING ADDRESS:**
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT
# TO
# ARTICLES OF ORGANIZATION
# OF

10 APRIL, 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 03/16/2012 and assigned Florida document number L12000038690.

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)***

8400 NW 33 ST
STE 201
DORAL, FL 33122

**Enter new mailing address, if applicable:**
***(Mailing address MAY BE A POST OFFICE BOX)***

8400 NW 33 ST
STE 201
DORAL, FL 33122

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**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: ALFREDO JESUS IZAGUIRRE

New Registered Office Address: 3509 SW 125TH AVE
*Enter Florida street address*

MIRAMAR, **Florida** 33027
*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.*

X _____
**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**

| Title | Name | Address | Type of Action |
|---|---|---|---|
| MGRM | PEDRO IZAGUIRRE | 4420 NW 107TH AVE | ☐ Add |
| | | MIAMI, FL 33178 | ■ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
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| | | | ☐ Change |

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**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 OCTOBER 18 2016

X _____
Signature of a member or authorized representative of a member

X Alfredo Iglesias
Typed or printed name of signee



**Filing Fee: $25.00**