

L12000046762

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2015 OCT 14 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan OCT 14 2015

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Coral Gables, Florida 33146
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agirlglaw@bellsouth.net

**LAW OFFICE OF
ILEANA M.
GARCIA, P.A.**

FAX COVER PAGE

From: Ada B. Gonzalez

October 9, 2015

**To: Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301**

Re: LAM FLORIDA PROPERTIES, LLC

Enclosed herein find Amendment to correct the title to the authorized persons which were incorrectly set forth when the LLC was filed. Should you require further information, please feel free to contact the undersigned.

**Thank you,
Ada B. Gonzalez
Legal Assistant**

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LAM FLORIDA PROPERTIES, 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:

JOSE GUTIERREZ

Name of Person

Firm/Company

7275 SW 90 STREET, C517

Address

MIAMI, FLORIDA 33156

City/State and Zip Code

landfloridaproperties@gmail.com

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

For further information concerning this matter, please call:

JOSE GUTIERREZ

Name of Person

at (718) 704-7726

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LAM FLORIDA PROPERTIES, LLC

FILED
2015 OCT 14 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 4/4/2012 and assigned
Florida document number ~~46XXXXXXX~~ L12000046762

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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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

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> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
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| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |

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

THIS AMENDMENT IS BEING FILED TO CORRECT. TITLE OF THE AUTHORIZED PERSONS

AS FOLLOWS:

JOSE GUTIERREZ, MANAGER

YOCELI JIMENEZ, MANAGER

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2015 OCT 14 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: October 6, 2015 (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 9, 2015

JOSE GUTIERREZ x YOCELI JIMENEZ
Signature of a member or authorized representative of a member

JOSE GUTIERREZ

YOCELI JIMENEZ

Typed or printed name of signee