

L13000011519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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13 JUN 24 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUN 25 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **HAMMOCKS 9716, 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:

Susana De Duenas

Name of Person

Firm/Company

4235 SW 96th Avenue

Address

Miami, Florida 33165

City/State and Zip Code

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

For further information concerning this matter, please call:

Susana De Duenas

Name of Person

at **305 8076098**

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**

FILED

13 JUN 24 AM 11: 01

HAMMOCKS 9716, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

The Articles of Organization for this Limited Liability Company were filed on January 22, 2013 and assigned Florida document number L13000011519.

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 end with 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)

4235 SW 96th Avenue

Miami, Florida 33165

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4235 SW 96th Avenue

Miami, Florida 33165

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:

Susana De Duenas

New Registered Office Address:

4235 SW 96th Avenue

Enter Florida street address

Miami

City

Florida 33165

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 608, 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.

S. De Duenas
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

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13 JUN 24 AM 11: 01

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Yilian Varela	SECRETARY OF STATE TALLAHASSEE, FLORIDA 5333 Collins Avenue	<input checked="" type="checkbox"/> Add
		Number 905	<input type="checkbox"/> Remove
		Miami Beach, FI 33140	
MGR	Susana De Duenas	4235 SW 96th Avenue	<input checked="" type="checkbox"/> Add
		Miami, Florida 33165	<input type="checkbox"/> Remove
MGR	Adriel Perez	2391 SW 139th Place	<input type="checkbox"/> Add
		Miami, Florida 33175	<input checked="" type="checkbox"/> Remove
MGR	Antonio Perez	5333 Collins Avenue	<input type="checkbox"/> Add
		Number 905	<input checked="" type="checkbox"/> Remove
		Miami Beach, Florida 33140	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

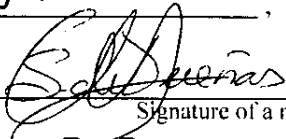
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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13 JUN 24 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated February 1, 2013



Signature of a member or authorized representative of a member

Susana De Duenas

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

