

# L13000021055

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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13 JUN 24 AM 10:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
JUN 25 2013  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 13761 TARACOMA, 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

**305 8076098**

at ( )

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 10:41**

13761 TARACOMA, 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 February 11, 2013 and assigned Florida document number L13000021055.

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.*

  
**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

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

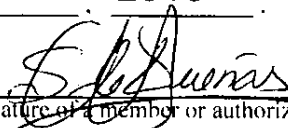
FILED

13 JUN 24 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated April 1

2013

  
Signature of a member or authorized representative of a member

Susana De Duenas

Typed or printed name of signee

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Filing Fee: \$25.00

