

L13000053890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JUN 25 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1875 HIALEAH, 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

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**

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1875 HIALEAH, 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 April 11, 2013 and assigned
Florida document number L13000053890.

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 Florida 33165
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 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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Yilian Varela	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

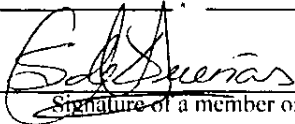
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Dated **May 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

