

L13000056691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

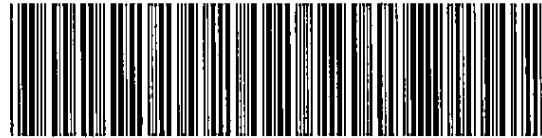
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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 3311 2nd Ave LLC
Name of Corporation

DOCUMENT NUMBER: L13000056691

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria Buitrago c/o Valeria Schvartzman Law Office

Name of Contact Person

3311 2nd Ave LLC

Firm/Company

12550 Biscayne Blvd Suite 406,

Address

North Miami, FL 33181

City/State and Zip Code

mariaaliciaparis5@gmail.com

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

For further information concerning this matter, please call:

Valeria Schvartzman

Name of Contact Person

at (305) 974-0114

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 19, 2019

MARIA BUITRAGO/VALERIA SCHVARTZMAN LAW OFFICE
3311 2ND AVE LLC
12550 BISCAYNE BLVD., STE 406
NORTH MIAMI, FL 33181

SUBJECT: 3311 2ND AVE, LLC
Ref. Number: L13000056691

We have received your document for 3311 2ND AVE, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 819A00014743

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[initials]
FL

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: 3311 2ND AVE LLC
2. (a) 12550 BISCAYNE BLVD STE (b) 406 SAME AS BEFORE
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

NORTH MIAMI FL 33181

3. 04/17/2013 Date of filing/registration in Florida 4. L13000056691 Document number

5. (a) GABRIELA DE MARINIS
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

10350 W BAY HARBOR DR - APT 30
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

BAY HARBOR ISLANDS
33154

- (b) VALERIA SCHVARTZMAN
Enter name of NEW Registered Agent and/or NEW Registered Office address:

12550 BISCAYNE BLVD, STE 406
NEW Registered Office Address:

NORTH MIAMI

FL 33181

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member MARIA BUITRAGO
Printed or typed name of signee

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.

Signature of Registered Agent [Signature]

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00