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ASAP ACCOUNTING

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : ASAP ACCOUNTING & TAX CORPORATION
Account Number : I20000000203
Phone : (954) 965-9491
Fax Number : (954) 965-9492

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ASAPACCOUNTING@LIVE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AVENTURA1973.LLC

Certificate of Status	1
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COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: AVENTURA1973.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:

JAIRO BOSCH

Name of Person

ASAP ACCOUNTING & TAX CORPORATION

Firm/Company

7179 PEMBROKE ROAD

Address

PEMBROKE PINES, FL 33023

City/State and Zip Code

asapaccounting@live.com

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

For further information concerning this matter, please call:

JAIRO BOSCH

954 965-9491

Name of Person

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AVENTURA1973.LLC

(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 06/27/2013 and assigned
Florida document number L13000092386.

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**)

320 NEBRASKA STREET

HOLLYWOOD, FL 33019

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

7179 PEMBROKE ROAD

PEMBROKE PINES, FL 33023

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:

JAIRO BOSCH

New Registered Office Address:

7179 PEMBROKE ROAD

Enter Florida street address

PEMBROKE PINES

Florida 33023

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

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(((H15000119281 3)))

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>
MGR	RUBEN GALLEGO RODRIGUEZ	320 NEBRASKA STREET	<input checked="" type="checkbox"/> Add
		HOLLYWOOD, FL 33019	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Article VII. Officers and Directors:

Sonia M Tello. P/T/D, 320 Nebraska Street, Hollywood, FL 33019

Ruben Gallego Rodriguez. V/S/D, 320 Nebraska Street, Hollywood, FL 33019

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E. Effective date, if other than the date of filing: _____ (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 May 15th, 2015



Signature of a member or authorized representative of a member

SONIA M TELLO

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

(((H15000119281 3)))