

L140000003388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

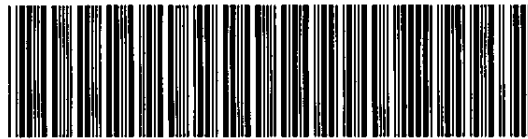
(Document Number)

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14 DEC -8 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 16 2014

T. BROWN

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: INVERSIONES LA ALBORADA 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:

Belkys Cedeno Ocariz

Name of Person

Inversiones la Alborada LLC

Firm/Company

10773 NW 58th Street Suite 206

Address

Doral Florida 33178

City/State and Zip Code

n/a

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

For further information concerning this matter, please call:

Belkys Cedeno

Name of Person

at (786)

Area Code

247-0833

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**

INVERSIONES LA ALBORADA LLC

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

FILED
14 DEC -8 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/07/2014 and assigned
Florida document number L14000003388.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

10773 NW 58th Street Suite 206

Doral-FL 33178

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10773 NW 58th Street Suite 206

Doral-FL 33178

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:

Belkys Ceden

New Registered Office Address:

10773 NW 58th Street Suite 206

Enter Florida street address

Doral

Florida 33178

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)

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGRM	Cedeno-Ocariz Belkys Y.	10800 NW 88th Terrace Bldg-9 Ste 215	<input type="checkbox"/> Add
		Doral-FL 33178	<input checked="" type="checkbox"/> Remove
MGRM	Salcedo Miguel	10800 NW 88th Terrace Bldg-9 Ste 215	<input type="checkbox"/> Add
		Doral-FL 33178	<input checked="" type="checkbox"/> Remove
MGRM	Salcedo Belmy	10800 NW 88th Terrace Bldg-9 Ste 215	<input type="checkbox"/> Add
		Doral-FL 33178	<input checked="" type="checkbox"/> Remove
MGRM	Cedeno Belkys	10773 NW 58th St Suite 206	<input checked="" type="checkbox"/> Add
		Doral-FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

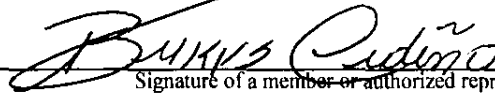
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

none

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 3th of December 2014



Signature of a member or authorized representative of a member

Belkys Cedeno

Typed or printed name of signee