L140000 4011

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
,
(Business Entity Name)
, ,
(Document Number)
(Boodinone Hambor)
Cartification of Status
Certified Copies Certificates of Status
1
Special Instructions to Filing Officer:
<u> </u>
: Office Use Only



700265531917

10/17/14--01026--019 **25.00

SECRETARY OF STATE

1

1:04 - 3 5014

T. HAMPTON

COVER LETTER

TO: Registration Security Division of Corp		. •	
5850	SW 11 Street	, LLC	
SUBJECT:		ited Liability Company	·····
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jorge Perez		
		Name of Person	
	<u> </u>	Firm/Company	
	9636 SW 24	Street	
		Address	
	Mlami, FL 3	3165	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
Jorge Perez		at (305) 30168	386
Name o	f Person		: Telephone Number
Enclosed is a check for th	ne 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



October 21, 2014

JORGE PEREZ 9636 SW 24 ST MIAMI, FL 33165

SUBJECT: 5850 SW 11 STREET, LLC

Ref. Number: L14000040111

We have received your document for 5850 SW 11 STREET, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6051.

Letter Number: 714A00022547

Tammy Hampton Regulatory Specialist III

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5850 SW 11 Street, 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 3/10/2014 Florida document number L14000040111 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." 9636 SW 24 Street Enter new principal offices address, if applicable: Miami, FL 33165 (Principal office address MUST BE A STREET ADDRESS) 9636 SW 24 Street Enter new mailing address, if applicable: Miami, FL 33165 (Mailing address MAY BE A POST OFFICE BOX) 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: Jorge Perez Name of New Registered Agent: 9636 SW 24 Street New Registered Office Address: Enter Florida street address Florida <u>3</u>3165 Miami

New Registered Agent's Signature, if changing Registered Agent:

0

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.

City

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 🗭 **Type of Action** Title Address Name 6267 SW 40 Street Delsy Perez-Mena **MGR** ☐ Add Miami, FL 33155 **■** Remove 6267 SW 40 Street Alex Gonzalez MGR □ Add Miami, FL 33155 ■ Remove Jorge Perez 9636 SW 24 Street MGR Add Miami, FL 33165 ☐ Remove ☐ Remove □ Remove

Signature of a member or authorized representative of a member Typed or printed name of signee (optional) (a) (optional)	Signature of a member or authorized representative of a member Typed or printed plane of signee					
September 19 Signature of a member or authorized representative of a member Signature of a member of	Signature of a member or authorized representative of a member Typed or printed plane of signee		- -			
September 19 Signature of a member or authorized representative of a member Signature of a member of	Signature of a member or authorized representative of a member Typed or printed plane of signee					
September 19 Signature of a member or authorized representative of a member Signature of a member of	Signature of a member or authorized representative of a member Typed or printed plane of signee					
September 19 Signature of a member or authorized representative of a member Signature of a member of	Signature of a member or authorized representative of a member Typed or printed plane of signee					•
September 19 Signature of a member or authorized representative of a member Signature of a member of	Signature of a member or authorized representative of a member Typed or printed plane of signee					
September 19 Signature of a member or authorized representative of a member Signature of a member of	Signature of a member or authorized representative of a member Typed or printed plane of signee					
September 19 Signature of a member or authorized representative of a member Signature of a member of	Signature of a member or authorized representative of a member Typed or printed plane of signee					
September 19 Signature of a member or authorized representative of a member Signature of a member of authorized representative of a member	Signature of a member or authorized representative of a member Typed or printed plane of signee	e date, if other th	nan the date of filing:			(ontional)
September 19 Signature of a member or authorized representative of a member What Was Falls	Signature of a member or authorized representative of a member Typed or printed time of signee	tive date must be speci	ific cannot be prior to date of	receipt or filed date	and cannot be more th	on 90 days after
September 19 Signature of a member or authorized representative of a member Aux Warrantee	Signature of a member or authorized representative of a member Typed or printed time of signee	this document is filed I	by the Elevide Department of S	Proto	and cannot be more in	an 90 days aner
Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member Typed or printed name of signee			siate)		
Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member Typed or printed name of signee	September	19 ~2	2014		
Alex Costales	Typed of printed plane of signee					
Alex Costales	Typed of printed plane of signee		. (//			
Alex Costales	Typed of printed plane of signee			1		
Typed or printed Ame of signee	5	<u> </u>	Signature of a memb	oer or authorized rep	presentative of a mem	ber
Typed or printed same of signee	5		May 12.	A Tal		
Typed or printed rame of signee	5			mules	·	
V	APP No Notary Public State of Florida		Тур	ed or printed filme	of signee	
	AND The Notary Public State of Florida			V		
	AND Notary Public State of Florida					
	The Notary Public State of Florida					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5 ~~~~	······	~ { 1	$\Omega_{\mathcal{A}}$	
Notary Public State of Florida	Andrew Suarez My Commission EE 188318	****		~ 3 /	NC	

Page 3 of 3

Filing Fee: \$25.00

14 OCT 31 PH 3: 48
SECRETARY OF STATE
SECRETARY OF STATE