

L14000047362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

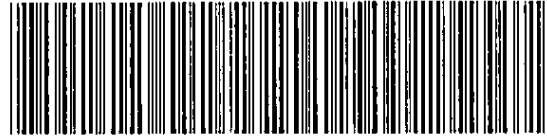
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2020 FEB 18 AM 9:29
2020 FEB 18 AM 9:59
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O SIMMONS
FEB 19 2020

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED AMENDMENT FOR:

14601 POMPANO DR, LLC

PLEASE RETURN A STAMPED COPY

CHECK# 8618 FOR: \$25.00

THANK YOU!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 14601 POMPAÑO DRIVE, 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:

CARLOS GARCIA

Name of Person

CARLOS GARCIA P.A.

Firm/Company

500 SOUTH DIXIE HIGHWAY SUITE 202

Address

CORAL GABLES, FL 33146

City/State and Zip Code

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

For further information concerning this matter, please call:

CARLOS GARCIA

305 7792479
at ()

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

14601 POMPANO DRIVE, 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 03/21/2014 and assigned
Florida document number L14000047562.

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)

500 S. DIXIE HIGHWAY SUITE 202

CORAL GABLES, FL 33146

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

500 S. DIXIE HIGHWAY SUITE 202

CORAL GABLES, FL 33146

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:

CARLOS GARCIA P.A.

New Registered Office Address:

500 S. DIXIE HIGHWAY SUITE 202

Enter Florida street address

CORAL GABLES

City

, Florida 33146

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 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>
AMBR	SMA MANAGEMENT SERVICE:	9240 SUNSET DRIVE SUITE 236	<input type="checkbox"/> Add
		MIAMI, FL 33173	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JULIO A. AGUIRRE	200 S. BAYSHORE DR. #3	<input checked="" type="checkbox"/> Add
		MIAMI FL 33133	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRETARY OF STATE
TALLAHASSEE, FL

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

[This section contains horizontal lines for amendments, which are crossed out with a large diagonal line.]

2020 FEB 18 AM 9:29
SECRET
U.S. DEPARTMENT OF STATE
OFFICE OF THE ATTORNEY GENERAL

FILED

E. Effective date, if other than the date of filing: 02/06/2020 (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 February 12th 2020

Signature of a member or authorized representative of a member

Carlos Garcia

Typed or printed name of signee