

L14 0000 58580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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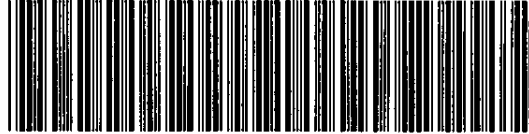
(Business Entity Name)

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MAY 05 2015
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRECIOUS HOME 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:

SHEYLA ACOSTA

Name of Person

PRECIOUS HOME LLC

Firm/Company

14935 SW 297 STREET

Address

HOMESTEAD, FL 33033

City/State and Zip Code

sheyla0285@hotmail.com

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

For further information concerning this matter, please call:

SHEYLA ACOSTA

305 360-9156

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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT
to
ARTICLES OF ORGANIZATION
of
PRECIOUS HOME LLC

(A Florida Limited Liability Company)

The Articles of this Limited Liability Company were filed on **April 9th 2014** and assigned Florida document number **L14000058550**.

This Amendment is submitted to amend the following:

A. ARTICLE III – Registered Agent, Registered Office, Registered Agent Signature:

The name and the Florida street address of the registered agent are:

SHEYLA ACOSTA
13702 SW 31ST STREET
MIAMI, FL 33175

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.

Registered Agent's Signature

B. ARTICLE IV – Name and address of each person authorized to manage and control the LLC

<u>Type of Action</u>	<u>Title</u>	<u>Name</u>	<u>Address</u>
<input type="checkbox"/> Change		AMBR ROILAN ACOSTA	13702 SW 31 ST STREET
<input checked="" type="checkbox"/> Remove			MIAMI, FL 33175
<input type="checkbox"/> Add			
<input type="checkbox"/> Change		MGR ROILAN ACOSTA	13702 SW 31 ST STREET
<input checked="" type="checkbox"/> Remove			MIAMI, FL 33175
<input type="checkbox"/> Add			

☐ Change
☐ Remove
☒ Add

AMBR ROILAN ACOSTA

13702 SW 31ST STREET
MIAMI, FL 33175

☐ Change
☐ Remove
☒ Add

MGR ROILAN ACOSTA

13702 SW 31ST STREET
MIAMI, FL 33175

The date of each amendment(s) adoption: April 22nd 2015

Adoption of Amendment

- ☒ The amendments were adopted by the members and the number of votes cast for the amendments were sufficient for approval.

Dated: April 22nd 2015

Signature



Printed Name:

ROILAN ACOSTA

Title:

MGR and AMBR

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TALLAHASSEE, FLORIDA