

L14 0000 64615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200265082992

200265082992
10/07/14--01033--012 **25.00

FILED
14 OCT - 7 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1791 7603 HERITAGE CROSSING WAY 202 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:

CESAR GUERCIO

Name of Person

1791 CANADA LLC

Firm/Company

3505 LAKE LYNDY DRIVE #200

Address

ORLANDO, FL, 32817

City/State and Zip Code

CESAR@1791.CA

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

For further information concerning this matter, please call:

CESAR GUERCIO

Name of Person

at **407 7052024**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

1791 7603 HERITAGE CROSSING WAY 202 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 04/15/2014 and assigned.

Florida document number L14000064615

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 OCT - 7 PM
59

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>
AMBR	1791 CANADA LLC	3505 LAKE LYNDAL DRIVE # 200 ORLANDO, FL, 32817	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	3 LIGHTS TELECOM LLC	619 CELEBRATION AV CELEBRATION, FL, 34747	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	LEPORATI PALLIER LLC	3505 LAKE LYNDAL DRIVE # 200 ORLANDO, FL. 32817	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	JUAN CARLOS PAILLET	GRAL. SAN MARTIN 3067 SANTA FE, SF, 3000 ARGENTINA	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	PABLO GONZALEZ	PUNTA INDIOS 937 RADA TILLY, CH, 9001 ARGENTINA	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
OCT - 7 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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 Sept. 30, 2014



Signature of a member or authorized representative of a member

CESAR GUERERO, 1791 CANADA LLC

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 OCT - 7 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA