

L14000075442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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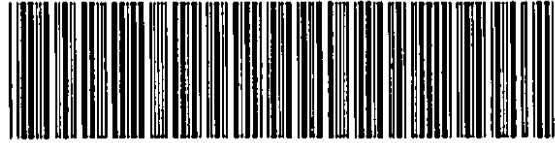
(Business Entity Name)

(Document Number)

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2017 JUL 20 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FL 09100

FILED

K. SALY

JUL 26 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LA MANSION, 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:

GRACIELA LIPSICH

Name of Person

LA MANSION, LLC

Firm/Company

12900 SW 133rd CT

Address

MIAMI, FL 33186

City/State and Zip Code

grandbeachrealty@gmail.com

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

For further information concerning this matter, please call:

Ana Steinman

305 233-8301 ext 201
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**

LA MANSION, LLC

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/08/2014 and assigned
Florida document number L14000075442.

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)

12900 SW 133rd CT

MIAMI, FL 33186

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12900 SW 133rd CT

MIAMI, FL 33186

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:

GRAND BEACH REALTY, LLC

New Registered Office Address:

12900 SW 133rd CT

Enter Florida street address

MIAMI

City

Florida 33186

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>
MGR	GRACIELA LIPSICH	12900 SW 133rd CT	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33186	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EL PASO ONE, LLC	341 RAVEN CIR	<input type="checkbox"/> Add
		WYOMING, DE 19934	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CRISTIANE LEON	9190 BISCAYNE BLVD, STE 202	<input type="checkbox"/> Add
		MIAMI SHORES, FL 33138	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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2017 JUL 25 AM 9:38
CLERK OF DISTRICT COURT
MIAMI, FL 33138

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

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2017 JUL 20 AM 11:38
CLERK OF DISTRICT COURT
DEPARTMENT OF CORRECTIONS

E. Effective date, if other than the date of filing: 07/18/2017 (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 JULY 18th, 2017

Signature of a member or authorized representative of a member

GRACIELA LIPSICH

Typed or printed name of signee