

C1400 0085692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

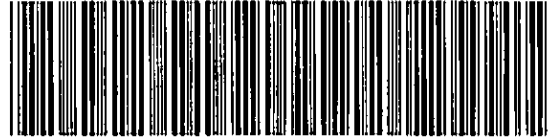
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/20/17--01010--013 **25.00

FILED
18 JAN -8 PM 2:02
JAN 09 2016

J. LEGGETT
JAN 09 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2017

FERDINAND FERTIL
101 NE 174 ST
N MIAMI BEACH, FL 33162 US

SUBJECT: CELLA PROPERTY INVESTMENT,LLC
Ref. Number: L14000085692

We have received your document for CELLA PROPERTY INVESTMENT,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):

THERE IS NO NAME INDICATED ON PAGE 2 OF 3.

Please return the corrected original and one copy of 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 017A00025825

RECEIVED

JAN - 8 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cella investment property 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:

Ferdinand fertil

Name of Person

Cella property investment llc.

Firm/Company

101
-10001 N.E 174 ST

Address

North Miami Beach Florida, 33162

City/State and Zip Code

freddyj96@hotmail.com

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

For further information concerning this matter, please call:

Ferdinand Fertil

786 786-486-9677
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**

Cella property investment 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 _____ and assigned
Florida document number 214600085692

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 "LLC."

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:

Ferdinand FERTIL

New Registered Office Address:

101 NE 174 ST N. MIAMI Beach

Enter Florida street address

N. MIAMI Beach, Florida 33162

City

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> |
|--------------|-------------------|-----------------------------------|---|
| AMOR | Authorized Member | 929 NE. 199 th St #201 | <input checked="" type="checkbox"/> Add |
| | | Miami, FL 33179 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Ferdinand Fertil | 929 NE 199 St #201 | <input checked="" type="checkbox"/> Add |
| | | Miami FL 33179 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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18 JUL -8 PM 2 02

12/13/17

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.

Dated _____, _____.

Durante Cella

Signature of member or authorized representative of a member

Dienfäite Cella

Typed or printed name of signee