

L14000116191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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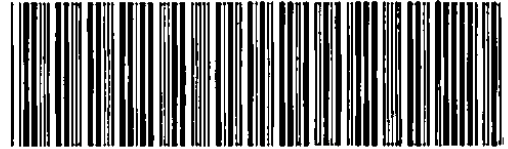
(Business Entity Name)

(Document Number)

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ALBRITTON

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: POMPANO APARTAMENTO PEQUENO, 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:

MONICA ADACHE

Name of Person

Firm/Company

2620 SE 2ND STREET

Address

POMPANO BEACH, FL 33062

City/State and Zip Code

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

For further information concerning this matter, please call:

MONICA ADACHE

954 290-8436

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**

POMPANO APARTAMENTO PEQUENO, 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 07/23/2014 and a
Florida document number L14000116191.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "l

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

Enter Florida street address

Florida

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 comp
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docu
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabili
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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
MGR	JAIME BAZZANI, TRUSTEE	2620 SE 2 STREET POMPANO BEACH, FL 33062	<input type="checkbox"/> A
			<input checked="" type="checkbox"/> R
			<input type="checkbox"/> Cl
MGR	ALICIA. MARTINEZ, TRUSTEE	2620 S.E. 2 STREET POMPANO BEACH, FL 33062	<input type="checkbox"/> A
			<input checked="" type="checkbox"/> Re
			<input type="checkbox"/> Ch
MGR	MONICA ADACHE	2620 S.E. 2 STREET POMPANO BEACH, FL 33062	<input checked="" type="checkbox"/> Ad
			<input type="checkbox"/> Rer
			<input type="checkbox"/> Char
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remo
			<input type="checkbox"/> Chang

[illegible]**Filing Fee: \$25.00**