

L 14 000158276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

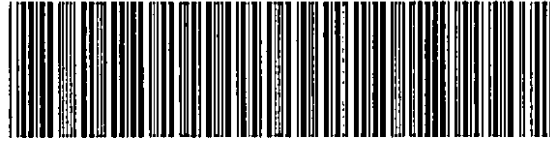
(Business Entity Name)

(Document Number)

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10/28/19--01019--019    \*\*25.00

2019 OCT 28 PM 1:43  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Y. SULKER

10/25/2019

THE LAW OFFICES OF  
**CIPPARONE & CIPPARONE**

October 23, 2019

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

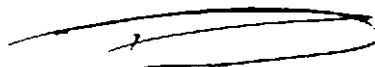
**Re: My Estrella Properties, LLC Amendment**

To Whom It May Concern:

My firm represents My Estrella Properties, LLC ("the Company"). Enclosed, please find the Division of Corporation's Form Cover Letter, Articles of Amendment to Articles of Organization for My Estrella Properties, LLC, and my firm's check in the amount of Twenty Five and No/100 Dollars (\$25.00) for filing fees. As you can see, the Company is requesting that you remove Ana Estrella as an Authorized Member.

Should you have any questions or concerns regarding this matter, please do not hesitate to contact me.

Sincerely,



Paul Cipparone

cc: Client (via Email)

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** My Estrella Properties, 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:

Paul Cipparone, Esquire

\_\_\_\_\_  
Name of Person

Cipparone & Cipparone, P.A.

\_\_\_\_\_  
Firm/Company

1525 International Pkwy, Ste. 1071

\_\_\_\_\_  
Address

Lake Mary, FL 32746

\_\_\_\_\_  
City/State and Zip Code

pcipparone@cipparonepa.com

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

For further information concerning this matter, please call:

Paul Cipparone, Esquire

321 275-5914

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**

My Estrella Properties, 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 10/09/2014 and assigned Florida document number L14000158276.

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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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*

*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

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2019 OCT 8 PM 1:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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>
AMBR	Ana Estrella	8687 Chickasaw Farms Lane	<input type="checkbox"/> Add
		Orlando, FL 32825	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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