L14000188483

(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:

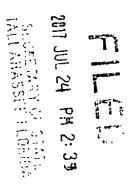
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JUL 26 2017 J. HARRIS

COVER LETTER

ΓO: Registration Se Division of Cor			
SUBJECT:	Ĺ.	a Huene	LLC
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ala	A Esquera	-21
		Name of Person	
	·	Firm/Company	
	\\086	S GOLDEH F	Shale Ct
	Alsque	City/State and Zip Code	EC. com
For further information c	E-mail address: (oncerning this matter, please co	to be used for future aimual rep	ort notification)
Alas Es	quere A 2	at (<u>305</u>) <u>86</u>	SA 73AZ Daytime Telephone Number
\\ <u>-</u>			
Enclosed is a check for th	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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



July 12, 2017

ALAN ESQUENAZI 10805 GOLDEN EAGLE CT PLANTATION, FL 33324

SUBJECT: LA NUEVE LLC Ref. Number: L14000188483



We have received your document for LA NUEVE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 717A00014074





June 12, 2017

LA NUEVE LLC 10805 GOLDEN EAGLE COURT PLANTATION, FL 33324

SUBJECT: LA NUEVE LLC Ref. Number: L14000188483

We have received your document for LA NUEVE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 417A00011830

RECEIVED

ON JULIO AND BRANCE
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

See EncloseD

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA MUE.		LC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company da Limited Lia	as it now appears on obility Company)	our records.)	
The Articles of Organization for this Limited Liability		rere filed on	/2014	and assigned
Florida document number <u>L14000 199 48</u>	32			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liabili	ty company here:		
The new name must be distinguishable and contain the words "Lin	mited Liability	Company" the designa	tion "LLC" or the a	hbreviation "L.L.C."
-				50 S
Enter new principal offices address, if applicable:		10805 601 Plantation	DELL CHO!	
Principal office address MUST BE A STREET ADD	(RESS)	Plantakor	<u> </u>	73.72 103.72
				2 7
Enter new mailing address, if applicable:				<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			· · · · · · · · · · · · · · · · · · ·	<u> </u>
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad-		ce address on our	records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Han	Exque HAZ	<u>-`</u>	
New Registered Office Address:	10800	SGOLDEN Enter Florid: st	EAQ 6	ct
	Parto	City City		33324
		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>	Address	Type of Action
MGR.	MARK ESqueHAzi	DANIE FL. 33330	≥ _□ Add
		DANIE FL. 33330	E Remove
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The 90	oth day after the	record is file	ed.					
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Page 3 of 3

Filing Fee: \$25.00