

L15000011125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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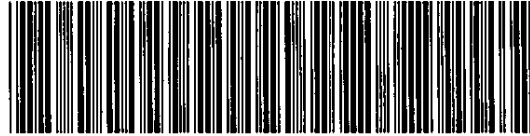
(Business Entity Name)

(Document Number)

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16 JUL 18 PM 2:47

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 19 2016
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T & T FINANCIAL VILLAS DE MADEIRA, 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:

ELIZABETH TREILLES ALVAREZ
Name of Person

Firm/Company

9731 SW 20 ST
Address

MIAMI FL 33165
City/State and Zip Code

ETREILLESALVAREZ@ATT.NET
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA
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For further information concerning this matter, please call:

ELIZABETH TREILLES ALVAREZ at 786 271-6868 CELL
Name of Person Area Code Daytime Telephone Number
(305) 220-6423

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**

T&T FINANCIAL VILLAS DE MADEIRA, 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 JANUARY 20, 2015 and assigned Florida document number L15000011125.

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

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)

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TALLAHASSEE, FLORIDA
16 JUL 18 PM 2:47

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:

ELIZABETH TRELLER ALVAREZ

New Registered Office Address:

9731 SW 20 ST

Enter Florida street address

MIAMI
City

Florida 33165
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

Title	Name	Address	Type of Action
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AMBR	ELIZABETH M. RISTINE	3610 SW 13 ST MIAMI, FL 33145	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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AMBR	GEORGETTE TRELLES HERRERA	9501 SW 15 ST MIAMI, FL 33174	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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AMBR	JOSE TRELLES HERRERA	2350 CORA / WAY SUITE 201 MIAMI, FL 33145	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA
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REMOVE JOSE TRELLES HERRERA AS MEMBER

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E. Effective date, if other than the date of filing: _____ (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 15, 2016.

Elizabeth Trella Alvarez

Signature of a member or authorized representative of a member

ELIZABETH TRELLES ALVAREZ

Typed or printed name of signee

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L15000011125
FILED 8:00 AM
January 20, 2015
Sec. Of State
jdharris

Article I

The name of the Limited Liability Company is:

T & T FINANCIAL VILLAS DE MADEIRA, L.L.C.

Article II

The street address of the principal office of the Limited Liability Company is:

9731 S.W. 20 STREET
MIAMI, FL. 33165

The mailing address of the Limited Liability Company is:

9731 S.W. 20 STREET
MIAMI, FL. 33165

Article III

The name and Florida street address of the registered agent is:

JOSE M. HERRERA P.A.
2350 CORAL WAY
201
MIAMI, FL. 33145

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: JOSE M. HERRERA

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TALLAHASSEE, FLORIDA
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Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
ELIZABETH TRELLES ALVAREZ REVOCABLE TRUST
9731 SW 20 STREET
MIAMI, FL. 33165

L15000011125
FILED 8:00 AM
January 20, 2015
Sec. Of State
jdharris

Signature of member or an authorized representative

Electronic Signature: ~~JOSE TRELLES HERRERA~~



I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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TALLAHASSEE, FLORIDA
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