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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T & T FINANCIAL VERSAILLES GARDENS 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 TRELLES ALVAREZ
Name of Person

T & T FINANCIAL VERSAILLES GARDENS LLC
Firm/Company

9731 SW 20ST
Address

MIAMI, FL 33165
City/State and Zip Code

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

For further information concerning this matter, please call:

ELIZABETH TRELLES ALVAREZ at (305) 220-6423
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 VERSAILLES GARDENS, 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 1/20/15 and assigned
Florida document number L 1500001128.

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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CLERK OF SUPERIOR COURT
FLORIDA
JAN 21 2015

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>
MGR	ELIZABETH TRELLES ALVAREZ	9731 SW 20 ST	<input type="checkbox"/> Add
	REVOCABLE TRUST	Miami, Fl. 33165	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ELIZABETH TRELLES ALVAREZ	9731 SW 20 ST	<input checked="" type="checkbox"/> Add
		Miami, Fl. 33165	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ELIZABETH M. RISTINE	3610 SW 13 ST	<input type="checkbox"/> Add
		Miami, Fl. 33174	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GEORGETTE TRELLES HERRERA	9501 SW 15 ST	<input type="checkbox"/> Add
		Miami, Fl. 33174	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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CLERK OF STATE
TREASURY OF FLORIDA

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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 4/6/17, _____

Signature of a member or authorized representative of a member

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



 NATIONAL BUREAU OF STANDARDS