1500037146

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(Business Entity Name)		
(Document Number)		
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08/30/17--01019--025 **25.00



D SCOTT AUG 3 1 2017

•		COVER LETTER		
TO: Registration S Division of Co				
	PASEO LLC			
SUBJECT:	Name of Lim	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:		
	LILLIAN SARDINAS			
		Name of Person		
SARDINAS & ASSOCIATES ACCOUNTANTS PA				
Firm/Company				
	7171 CORAL WAY STE	402		1.2. 1
		Address		
	MIAMI, FL 33155			FILED
		City/State and Zip Code		
	LSARDINAS@BELLSOU	FH.NET to be used for future annual report notifi	cation	μ
For further information c	concerning this matter, please co		canony	6
LILLIAN SARDINAS		305 262-7300		
Name c	of Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for t	he fallowing amount			
■ \$25.00 Filing Fee	Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions tter Circle	

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EL GRAN PASEO LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L15000037146</u>	pany were filed on $\frac{02/27/2015}{2}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES		
Enter new mailing address, if applicable:	1761 SPICE BUSH CT	
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32828	•
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		ê l
	Enter Florida street address	
	Flori	da
	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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RICHARD SALOMON SANCHEZ	1761 SPICE BUSH CT	🖬 Add
		ORLANDO, FL 32828	Remove
			Change
			🛛 Add
			Change
			🗅 Add
			Remove
			Change
			Add
			Remove
			Change
			□ Add
			Remove
			Change

• D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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	(12/22/2017		<i>,</i>

E. Effective date, if other than the date of filing: _______(08/22/2017 __________(optional) _______(optional) _______(optional) _______(optional) ______(optional) _____(optional) ______(optional) _____(optional) ______(optional) _____(optio 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.

, AUGUST 22	2017	
Dated		
	Clauch	
	Signature of member or authorized representative of a member	<u> </u>
RICHARD SA	NCHEZ	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00