

L15000055340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

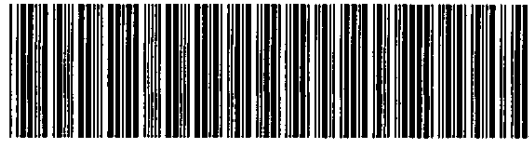
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900300121179

06/13/17--01025--002 **30.00

FILED
JUN 13 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
JUN 16 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FLORICAT 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:

JHONY MIJARES GOMEZ

Name of Person

Firm/Company

10911 NW 70 ST

Address

DORAL FL 3378

City/State and Zip Code

lourdeslozada72@gmail.com

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

For further information concerning this matter, please call:

LOURDES LOZADA

305 5463197

Name of Person

at ()

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

FILED
JUN 13 AM 9:26
TALLAHASSEE, FL
SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FLORICAT 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 03/27/2015 and assigned
Florida document number L15000055340.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NOT APPLICABLE

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:

10911 NW 70 STREET, DORAL

(Principal office address MUST BE A STREET ADDRESS)

FLORIDA 33178

Enter new mailing address, if applicable:

10911 NW 70 STREET, DORAL

(Mailing address MAY BE A POST OFFICE BOX)

FLORIDA 33178

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:

JHONY MIJARES GOMEZ

New Registered Office Address:

10911 NW 70 STREET

Enter Florida street address

DORAL

Florida 33178

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.

(Signature)
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	JHONY MIJARES GOMEZ	10911 NW 70 ST Doral, FL 33178	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JHEKSON MIJARES		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Ave. Soubllette La Guaira 1065 VE	<input checked="" type="checkbox"/> Change
AMBR	ALEXANDER DE OLIVEIRA		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Ave. Soubllette La Guaira 1065 VE	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
JUL 13 AM 9:26
CLERK OF COURT
JUL 13 2011

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

1. 2 3 4

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 earliest of:

(b) The 90th day after the record is filed.

Dated 05 MAY, 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee