

4/3/24, 3:40 PM

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.
Account Number : I20010000025
Phone : (786)899-2235
Fax Number : (305)935-9042

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LLCAMND/RESTATE/CORRECT OR M/MG RESIGN
DEPARTAMENTO 703 LLC**

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

APR 04 2024
T. LEMIEUX
1/1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEPARTAMENTO 703 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 04/22/2015 and assigned
Florida document number L15000071177

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)

4000 Williams Island Blvd.

Unit 1803

Aventura, FL 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4000 Williams Island Blvd.

Unit 1803

Aventura, FL 33160

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

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

Hamending 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	Miguel Venguer	18975 Collins Avenue, #1004	☐ Add
		Aventura, FL 33180	☒ Remove
			☐ Change
MGR	Ruth Olinos Lau	4000 Williams Island Blvd., #1503	☒ Add
		Aventura, FL 33160	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

[illegible]

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Printed APRIL 01 2024

ALL DONE
 10/10/05 10:10 AM
 Signature of a member of our

Type of service name of: anyone

Filing Fee: \$25.00