

L15000174529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

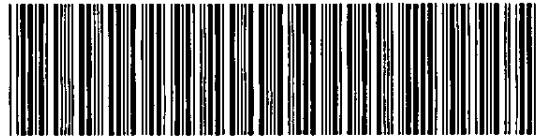
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500281562355

01/21/16--01021--016 **60.00

FEB 01 2016
J SHIVERS

FILED
16 JAN 21 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Diversified Equities Florida, 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:

Regla Sibila

Name of Person

Regla Sibila, Esq

Firm/Company

7455 W. Flagler St.

Address

Miami, FL 33144

City/State and Zip Code

Mail@DiversifiedEquitiesFL.com

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

For further information concerning this matter, please call:

Regla Sibila

Name of Person

at (786)

Area Code

443-1055

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Diversified Equities Florida, 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 Aug 6, 2015 and assigned Florida document number L 15 000 134629

This amendment is submitted to amend the following:

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

NOT Amending the name.

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)

1825 Ponce de Leon Blvd.
Coral Gables, FL 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as above.

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:

Regla Sibila, Esq.

New Registered Office Address:

7455 West Flagler St.

Enter Florida street address

Miami

City

Florida

33144

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.

Regla Sibila
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>
<u>MGR</u>	<u>Ralph Mederos, Trustee</u>	<u>1824 Ponce de Leon Bld.</u> <u>Coral Gables, FL 33134</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>MGR</u>	<u>Regla Sibila</u>	<u>7455 W. Flagler St.</u> <u>Miami, FL 33144</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>AMBR</u>	<u>Regla Sibila, Trustee</u>	<u>7455 W. Flagler St.</u> <u>Miami, FL 33144</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>MGR</u>	<u>Hilda Hernandez</u>	<u>2915 Biscayne Blvd.</u> <u>Ste 300</u> <u>Miami, FL 33137</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
<u>Reg Agent</u>	<u>Hilda Hernandez</u>	<u>2915 Biscayne Blvd.</u> <u>Ste 300</u> <u>Miami, FL 33137</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
<u>AMBR</u>	<u>Dean Freitag</u>	<u>One S.E. Third Ave</u> <u>27th Floor</u> <u>Miami, FL 33130</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change

[illegible]

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 Jan 19, 2016

Signature of a member or authorized representative of a member

Regla Sibila, Esq.

Typed or printed name of signee

16 JAN 21 PM 1:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA