

L15000204061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

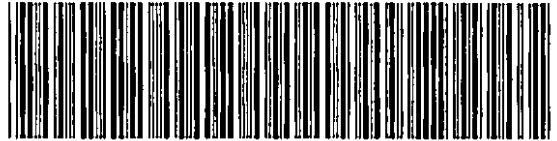
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

A. RIVERS

FEB - 8 2023



900396322619

10/28/22--01017--001 \$430.00

2023 FEB - 2 PM 2:40

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 20, 2023

JEREMIAS MARTORELL
444 BRICKELL AVE
SUITE P-60
MIAMI, FL 33131

SUBJECT: GIFT SHOP MIAMI LLC
Ref. Number: L15000204061

We have received your document for GIFT SHOP MIAMI LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file the 2017 annual report. The entity must be reinstated before this document can be filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 523A00001462

FEB - 2 2023

D CONNELL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GIFT SHOP MIAMI 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:

JEREMIAS MARTORELL

Name of Person

MARTORELL'S OFFICE GROUP CORP

Firm/Company

444 BRIKELL AVE SUITE P-60

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

DOR@MARTORELLOFFICE.COM

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

For further information concerning this matter, please call:

JEREMIAS MARTORELL

786 5867927

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GIFT SHOP MIAMI 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 12/07/2015 and assigned
Florida document number L15000204061.

This amendment is submitted to amend the following:

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

SHOP AND GIFT MIAMI LLC

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:

444 BRICKELL AVE

(Principal office address MUST BE A STREET ADDRESS)

SUITE P60

MIAMI, FLORIDA 33131

Enter new mailing address, if applicable:

444 BRICKELL AVE

(Mailing address MAY BE A POST OFFICE BOX)

SUITE P60

MIAMI, FLORIDA 33131

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:

MARTORELL'S OFFICE GROUP CORP

New Registered Office Address:

444 BRICKELL AVE SUITE P60

Enter Florida street address

MIAMI


, Florida 33131

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, 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	JIMENEZ, WILLIAM W	444 BRICKELL AVE SUITE P60 MIAMI FL 33131	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AREVALO, BEATRIZ	444 BRICKELL AVE SUITE P60 MIAMI FL 33131	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

WE LIKE TO ADD OUR EIN NUMBER 92-0252561

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 earlier of:

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

Dated SEPTEMBER 14TH, 2022

Signature of a member or authorized representative of a member.

William Jimenez

Typed or printed name of signee