

L16 0000 29570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

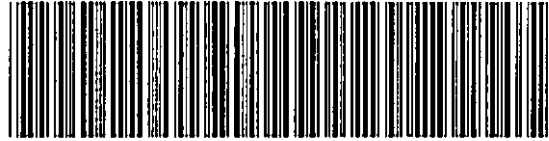
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DIVISION OF CORPORATIONS
22 OCT 31 PM 3:58

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PADOVA BRUCKELL LLC
DOCUMENT NUMBER: L16 0000 29570

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRANK DIAZ
Name of Contact Person
AMERICANA, LLC
Firm/ Company
18117 BISCAYNE BLVD., # PHB17
Address
AVENTURA, FL 33160
City/ State and Zip Code
1199 MIAMI @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANK DIAZ at (786) 9558756
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☒ \$35 Filing Fee
☐ \$43.75 Filing Fee & Certificate of Status
☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

22 OCT 31 PM 3:58
SECRETARY OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 OCT 31 PM 12:29

October 17, 2022

FRANK DIAZ
18117 BISCAYNE BLVD
#PMB17
AVENTURA, FL 33160

SUBJECT: PADOVA BRICKELL, LLC
Ref. Number: L16000029570

We have received your document for PADOVA BRICKELL, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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

Michael A Hall
OPS Clerk

Letter Number: 522A00023199

DEAR MR HALL,

THANK YOU FOR YOUR ATTENTION.

PLEASE FIND ENCLOSED CORRECTED FORMS AS PER YOUR REQUEST.

THANK YOU,

Frank

22 OCT 31 PM 3:58
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PADOVA BRICKELL, 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:

FRANK DIAS
Name of Person

PADOVA BRICKELL LLC
Firm/Company

800 CLAUGHTON ISLAND DR. # 1003
Address

MIAMI FL 33131
City, State and Zip Code

1199 MIAMI @ GMAIL.COM
E-mail Address (to be used for future required report notifications)

FRANK DIAZ 786 955 8756
Name of Person Area Code Daytime Telephone Number

22 OCT 31 PM 3:58
DIVISION OF STATE
CORPORATION

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|---|
| ☐ \$25.00 Filing Fee | ☐ \$50.00 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) |
|---|---|--|---|
- * \$35.00 PAID

REGISTRATION SECTION
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

REGISTRATION SECTION
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32302

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

PADOVA BRICKELL 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 02/11/2016 and assigned
Florida document number L 16 0000 29570.

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 office address, if applicable:

(Principal office address must be a street address)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

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

Change

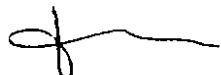
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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DEPT. OF STATE
DIVISION OF CORPORATIONS

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 date, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated July 15, 2022



Signature of a member or authorized representative of a member

FRANK DIAZ - MGR

Typed or printed name of signer