

L16000074846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

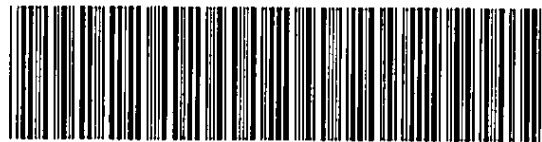
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 1211 ILLINOIS ST, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alexandra Sierra De-Varona  
Name of Person

De Varona Law  
Firm/Company

350 Camino Gardens Blvd, Suite 105  
Address

Boca Raton, FL 33432  
City/State and Zip Code

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

For further information concerning this matter, please call:

Alexandra Sierra-De Varona at ( 561 ) 600-9070  
Name of Person 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

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FILED

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

\_\_\_\_\_  
(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 \_\_\_\_\_ and assigned Florida document number \_\_\_\_\_.

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) \_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_  
\_\_\_\_\_

**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*

\_\_\_\_\_  
*City*

\_\_\_\_\_, Florida

\_\_\_\_\_  
*Zip*

**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**

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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>                      |
|--------------|--------------------|--|--|
| P            | John Villamizar    | 470 NE 14th. Street Boca Raton, FL 33432 | <input type="checkbox"/> Add               |
|              |                    |  | <input checked="" type="checkbox"/> Remove |
|              |                    |  | <input type="checkbox"/> Change            |
| VP           | Allison Villamizar | 470 NE 14th St. Boca Raton, FL 33432     | <input type="checkbox"/> Add               |
|              |                    |  | <input checked="" type="checkbox"/> Remove |
|              |                    |  | <input type="checkbox"/> Change            |
| MGR          | Allison Villamizar | 470 NE 14th St. Boca Raton, FL 33432     | <input checked="" type="checkbox"/> Add    |
|              |                    |  | <input type="checkbox"/> Remove            |
|              |                    |  | <input type="checkbox"/> Change            |
| MGR          | John Villamizar    | 470 NE 14th St. Boca Raton, FL 33432     | <input checked="" 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            |

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