

L16000 115 056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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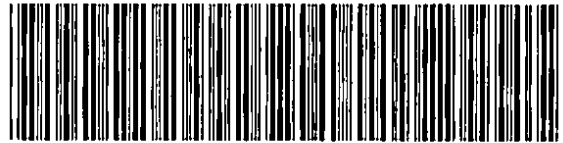
(Business Entity Name)

(Document Number)

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07/01/19--01024--017 **25.00

2019 JUL -1 PM 6:29

FILED

C. GOLDEN

JUL 12 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GENEVE 220 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:

IDA C OVIES

Name of Person

IDA C OVIES CPA PA

Firm/Company

3785 NW 82 AVE STE 302

Address

DORAL FL 33166

City/State and Zip Code

I@IDAOVIES.COM

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

For further information concerning this matter, please call:

IDA C OVIES

305 477-5798
at (_____) _____

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

FILED

2019 JUL -1 PM 6:29

GENEVE 220 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 6-14-2016 and assigned
Florida document number L16000115056.

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:

3260 SW 84 AVE

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33166

Enter new mailing address, if applicable:

3260 SW 84 AVE

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL 33166

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:

IDA C OVIES

New Registered Office Address:

3785 NW 82 AVE STE 302

Enter Florida street address

DORAL

City

, Florida 33166

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	MATA DE ORNALES, JOSE	3260 SW 84 AVE	<input type="checkbox"/> Add
		MIAMI FL 33155	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	MATA BASTARDO, ELLUS MILAGROS	3260 SW 84 AVE	<input type="checkbox"/> Add
		MIAMI FL 33155	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	GUZMAN GONZALEZ, SANDRA COROMOTO	3260 SW 84 AVE	<input type="checkbox"/> Add
		MIAMI FL 33155	<input type="checkbox"/> Remove
			<input checked="" 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

[illegible]

(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)

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 June 28, 2019

Signature of a member or authorized representative of a member

Sandra C Guzman Gonzalez
Typed or printed name of signee