

216 000 170676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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17 JUL -6 AM 7:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TO: FL Dept of State

RE: 11853 SW 11 LLC

Doc#: L1600170676

PLEASE Find the documents  
here to remove me as Agent  
and to Add Mariela Carrasquel.

My name is Robb Brooks, Phone  
# 561-262-6884 & address:

Robb Brooks  
1181 S. Sunset Blvd  
Ste # 210  
North Dade, FL 33428.

My Email is: RBlairBrooks@gmail.com.  
Thank you

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 11853 SW 11 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:

Mariela Carrasquel  
Name of Person

Firm/Company

597 SPINNER  
Address

Weston, FL 33326  
City/State and Zip Code

MarielaC05@Bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mariela Carrasquel at 754 204-4594  
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

TO  
ARTICLES OF ORGANIZATION  
OF

11853 SW 11 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 9/13/16 and assigned  
Florida document number L16000170676

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)

597 SPINNER  
WESTON, FL 33326

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

597 SPINNER  
WESTON, FL 33326

**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

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>ROBB BROOKS</u>        | <u>1181 S. SUMTER BLVD.</u> | <input type="checkbox"/> Add               |
|              |                           | <u>STE # 210</u>            | <input checked="" type="checkbox"/> Remove |
|              |                           | <u>NORTH PORT, FL 34287</u> | <input type="checkbox"/> Change            |
| <u>ST</u>    | <u>ROBB BROOKS</u>        | <u>1181 S SUMTER BLVD</u>   | <input type="checkbox"/> Add               |
|              |                           | <u>STE # 210</u>            | <input checked="" type="checkbox"/> Remove |
|              |                           | <u>NORTH PORT, FL 34287</u> | <input type="checkbox"/> Change            |
| <u>MGR</u>   | <u>MARIELA CARRASQUEL</u> | <u>597 SPARKER</u>          | <input checked="" type="checkbox"/> Add    |
|              |                           | <u>WESTON, FL 33326</u>     | <input type="checkbox"/> Remove            |
|              |                           |                             | <input type="checkbox"/> Change            |
| <u>ST</u>    | <u>MARIELA CARRASQUEL</u> | <u>597 SPARKER</u>          | <input checked="" type="checkbox"/> Add    |
|              |                           | <u>WESTON, FL 33326</u>     | <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            |

Lined area for document content.

17 JUL - 6 AM 7:01  
DEPARTMENT OF STATE  
FILING OFFICE

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 7/3 17

[Signature]  
Signature of a member or authorized representative of a member

ROBB BROOKS - MEN  
Typed or printed name of signee