## LI7CCOC 15419

(Requestor's Name)
(Address)
(Address)
•
(City/State/Zip/Phone #)
<u>-</u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration of Tilling Office
Special instructions to Filing Officer:
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)

Office Use Only



12/07/20--01019--025 \*\*60.00



ZA-1/15/21

## **COVER LETTER**

Registration Section Division of Corporations

TO:

CALD LECTE		PROPERTIES AT HAND, LLC		
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	MR.	ELDY GUSTAVO GUERRERO		
	Name of Limited Liability Company  ticles of Amendment and fee(s) are submitted for filing.  correspondence concerning this matter to the following:  MR. ELDY GUSTAVO GUERRERO  Name of Person  PROPERTIES AT HAND, LLC  Firm/Company  11900 BISCAYNE BOULEVARD, SUITE 260  Address  MIAMI, FL 33181  City/State and Zip Code eldy, guerrero@gmail.com  E-mail address: (to be used for future annual report notification)  mation concerning this matter, please call:  GUSTAVO GUERRERO  Name of Person  Area Code  Daytime Telephone Number  eck for the following amount:  ag Fee  S55.00 Filing Fee & Certificate of Status  Certificate of Status  Certificate Copy (additional copy is enclosed)  Address:  Registration Section  On of Corporations  Division of Corporations  The Centre of Tallahassee			
	PRO	OPERTIES AT HAND, LLC		
•		Firm/Company		
-	11900 BIS	CAYNE BOULEVARD, SUITE 260	)	
		Address		
		MIAMI, FL 33181		
		City/State and Zip Code		
		eldy.guerrero@gmail.com		
	E-mail address: (	to be used for future annual report notific	ation)	
For further information c	oncerning this matter, please ca	all:		
ELDY GUSTA	VO GUERRERO			
Name o	f Person	Area Code Daytime 7	Celephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
_	Section Corporations 27	Registration Section Division of Corporate Centre of Ta	orations Ilahassee	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	PROPERTIES AT HAND.	, LLC		
(Name of the Limi	ted Liability Company as it no (A Florida Limited Liability C	ow appears on or Company)	ur records,)	<del>_</del>
The Articles of Organization for this Limited I lorida document number		ed on	01/20/2017	and assigned
nis amendment is submitted to amend the fol	lowing:			
. If amending name, enter the new name o	of the limited liability con	npany here:		
VA.				
ne new name must be distinguishable and contain the	words "Limited Liability Compa	any," the designat	tion "LLC" or the a	bbreviation "L.L.C."
nter new principal offices address, if appli	cable: N/A			
Principal office address MUST BE A STRE	ET ADDRESS)			
			<del>.</del>	202
inter new mailing address, if applicable:	N/A_		- : 	2020 DEC -
Mailing address MAY BE <u>A POST OFFICE</u>				
				<b>E</b> 5
<ol> <li>If amending the registered agent and/or gent and/or the new registered office addre</li> </ol>	registered office address ess here:	on our record	s, <u>enter the nar</u>	ne of the new regist
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
ALLEN NO BINNEY BUILDING		Enter Florida str	eet address	
			, Florida	
	City	,	<u> </u>	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 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>	Address	Type of Action
MGR/P	ELDY GUSTAVO GUERRERO	11900 BISCAYNE BOULEVARD	
		SUITE 260	Remove
		MIAMI, FL 33181-2756	
MGR/VP	SOLANGE S. DE GUERRERO	11900 BISCAYNE BOULEVARD	
		SUITE 260	
		MIAMI, FL 33181-2756	■Change
			□Add
			□Remove
			Change
			□Remove
			□Change
			🗀 Add
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□ Change

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	OCTOBER 00 2020	
ective da	october 09, 2020 (optional)	AS A26
reffective d te: If the i	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 6 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li	isted a
rument's e	effective date on the Department of State's records.	
cord spec	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at	ter the
s filed.		
	NOVEMBER 20 2020 A	
	NOVEMBER 30 2020	
.ed		
.ed	DI di (22.110) Let	
ed	Signature of a member or authorized representative of a member	