

217000040789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

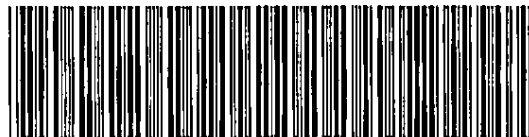
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
18 JAN -4 PM 3:01

K. SALY

JAN - 5 2018

COREY E. HOFFMAN, P.A.
ATTORNEY AT LAW
3250 MARY STREET
SUITE 303
COCONUT GROVE, FLORIDA 33433
(305) 443-5600
FAX (305) 443-6621
COREY@COREYHOFFMAN.COM

January 4, 2018

VIA FEDEX 8100.3193.6497

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

Re: Amendment to Articles/ Monte de Scion, LLC

Dear Sir/Madam:

On January 3, 2018, via FedEx (Track Reference 8100.3193.6486), the enclosed Articles of Amendment for Monte de Scion, LLC form with payment check number 2838 in the amount of \$25.00 for said service fee, was delivered to your office (see copy of FedEx delivery receipt also enclosed herewith), however, Page 1 of the amendment form was left out inadvertently.

We kindly ask that you please resume in processing the amendment as previously requested with the "corrected" information and enclosures herewith.

Thank you for your attention.

Sincerely,

/s/ Corey E. Hoffman
COREY E. HOFFMAN, P.A.
Attorney at Law

617-40788

CEH/cc

Enclosures

RECEIVED

JAN - 5 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Monte De Sion, 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:

Corey Hoffman
Name of Person
Corey E. Hoffman, P.A.
Firm/Company
3250 Mary St #303
Address
Mt. Airy, FL 33133
City/State and Zip Code
Corey@coreyhoffman.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Corey at 305, 445 1600
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
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DIVISION OF CORPORATIONS
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Monte De Sion, 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 2/22/17 and assigned
Florida document number L17000040789.

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)

10292 NW 9 St Circle

#104

MIAMI, FL 33172

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10292 NW 9 St Circle

#104

MIAMI, FL 33172

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 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	Mariela Porras	10292 NW 9 St. Cir #104	<input type="checkbox"/> Add
		Miami, FL 33172	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MEM	Rafael Naranjo	10292 NW 9 St. Cir #104	<input type="checkbox"/> Add
		Miami, FL 33172	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MEM	Mariela Naranjo	10292 NW 9 St. Cir #104	<input type="checkbox"/> Add
		Miami, FL 33172	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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DIVISION OF CORPORATIONS
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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.

Dated January 3, 2018

Signature of a member or authorized representative of a member
Carcy E. Hoffman
Typed or printed name of signee