

L17000070821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

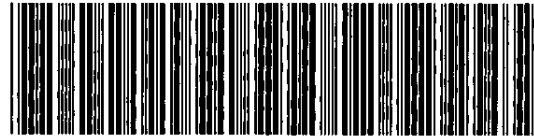
(Business Entity Name)

(Document Number)

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TAMPA, FLORIDA

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APR 12 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3401 SW 12 St. 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:

Marta ARMENTEROS D. COPELLO
Name of Person

Firm/Company

3554 ESTERONA AV.
Address

Doral Florida 33178
City/State and Zip Code

marta_decopello@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marta ARMENTEROS D. COPELLO at (986) 3899835
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

3401 SW 12 St. 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 3/29/2017 and assigned Florida document number 217000070821.

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

_____, 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

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11 APR 2017
CLERK OF STATE
TALLAHASSEE, FLORIDA

REMOVED FROM OUR RECORDS.

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Marta Armenteros D Copello	3554 Estepana Av.	<input checked="" type="checkbox"/> Add
		Doral Fl. 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Marta Armenteros D Copello	3554 ESTEPANA AV.	<input checked="" type="checkbox"/> Add
		Doral Fl. 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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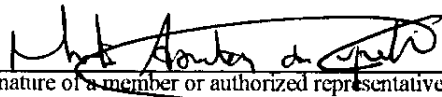
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TALLAHASSEE FLORIDA

Lined area for document content.

E. Effective date, if other than the date of filing: 04/09/2017 (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 April 9, 2017


Signature of a member or authorized representative of a member

MARTA ARMENTERA D. COPELLO
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE
FLORIDA

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