

117000075155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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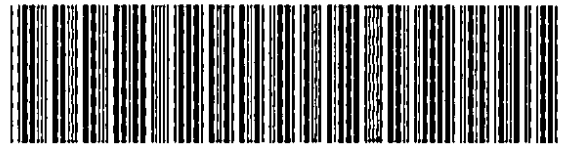
(Business Entity Name)

(Document Number)

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10/25/21--01040--016 **30.00

2021 OCT 25 PM 1:30
CLERK OF SUPERIOR COURT
STATE OF NEW YORK

A. BUTLER

NOV 08 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LINCOLN AT 27TH 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:

MARCO DESOUZA

Name of Person

LINCOLN AT 27TH LLC

Firm/Company

Address

City/State and Zip Code

MARCO100@MSN.COM

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

For further information concerning this matter, please call:

MARCO DESOUZA

305 799-8491
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FILED

LINCOLN AT 27TH LLC

2021 OCT 25 PM 1:31

(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 04/05/2017 and assigned
Florida document number L17000075155.

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:

5901 SW 74th STREET

(Principal office address MUST BE A STREET ADDRESS)

SUITE # 400

MIAMI, FLORIDA 33143

Enter new mailing address, if applicable:

5901 SW 74th STREET

(Mailing address MAY BE A POST OFFICE BOX)

SUITE # 400

MIAMI, FLORIDA 33143

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:

ALFRED XIQUES

New Registered Office Address:

5901 SW 74th STREET - SUITE 400

Enter Florida street address

MIAMI

City

Florida 33143

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	SUGOI DEVELOPMENT USA LI	848 BRICKELL AVENUE	<input type="checkbox"/> Add
		SUITE 605	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33131	<input type="checkbox"/> Change
MGR	MARCO DESOUZA	5901 SW 74th STREET	<input checked="" type="checkbox"/> Add
		SUITE 400	<input type="checkbox"/> Remove
		MIAMI, FL 33143	<input type="checkbox"/> Change
MGR	THIAGO PAZINATTO	848 BRICKELL AVENUE	<input checked="" type="checkbox"/> Add
		SUITE 605	<input type="checkbox"/> Remove
		MIAMI, FL 33131	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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 OCTOBER 22nd 2021

Typed or printed name of signee

Filing Fee: \$25.00