

L17000133281

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 417-0367

From:

Account Name : MONTAGNARE
Account Number : 10141000016
Phone : (786) 464-6877
Fax Number : (786) 703-1941

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Gusmon68@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

215 NW 48 ST, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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2017 JUN 29 PM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
JUN 29 2017
TALLAHASSEE, FLORIDA

17 JUN 29 PM 12:20

Electronic Filing Menu

Corporate Filing Menu

Help

S. WARREN

<https://efile.sunbiz.org/scripts/efilecovr.exe>

JUN 30 2017

6/29/2017

Unknown

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

215 NW 48 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 06/14/2017 and assigned
Florida document number L17000133281

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 "LLC."

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)

P.O. BOX 380505

MIAMI, FL 33238

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:

AL ALBERTO ALLEN

New Registered Office Address:

215 NW 48 ST

Enter Florida street address

MIAMI

City

Florida 33127

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.



Changing Registered Agent. Signature of New Registered Agent

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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, FLORIDA

Unknown

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

[illegible]

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Unknown

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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.

(b) The 90th day after the record is filed.

Dated 29TH OF JUNE, 2017 2.30 PM

Signature of a member or authorized representative of a member

CURTIS PARAMORE

Typed or printed name of signee

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Filing Fee: \$25.00

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