

L17000 193091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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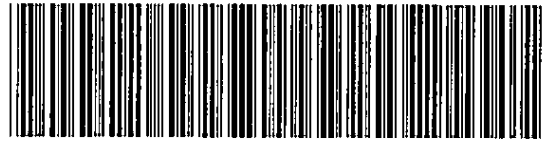
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
RELIANCE FLORIDA

2020 JUL 21 PM 6:27

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SEP 03 2020

S. YOUNG

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Amaize Miami Lakes 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:

Karen Armando Cohen

Name of Person

Amaize Miami Lakes

Firm/Company

860 Golden Cane Dr

Address

Weston, Florida 33327

City/State and Zip Code

kac@amaizeyou.com

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

For further information concerning this matter, please call:

Karen Armando Cohen

786

9253879

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**

Amaize Miami Lakes 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 09/18/2017 and signed  
Florida document number L17000193091

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:

Karen Armando Cohen

New Registered Office Address:

860 Golden Cane Dr

Enter Florida street address

Weston

City

Florida 33327

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          | FRANCISCA CHICKEN III LLC | 6700 Main Street, Miami Lakes, Florida 33014 | <input type="checkbox"/> Add               |
|              |                           |  | <input checked="" type="checkbox"/> Remove |
|              |                           |  | <input type="checkbox"/> Change            |
| MGR          | Karen Armando Cohen       | 860 Golden Cane Dr Weston Fl 33327           | <input checked="" type="checkbox"/> Add    |
|              |                           |  | <input type="checkbox"/> Remove            |
|              |                           |  | <input type="checkbox"/> Change            |
| MGR          | Alberto Strulovic         | 6000 Island Blvd unit 501 Aventura Fl 33131  | <input checked="" type="checkbox"/> Add    |
|              |                           |  | <input type="checkbox"/> Remove            |
|              |                           |  | <input type="checkbox"/> Change            |
| MGR          | Andres Eloy Garcia        | 3898 NW 52nd Street Boca Raton Fl 33496      | <input checked="" type="checkbox"/> Add    |
|              |                           |  | <input type="checkbox"/> Remove            |
|              |                           |  | <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            |

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

[illegible]

**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.

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 July 15 2020

Signature of a member or authorized representative of a member

Karen Armando Cohen

Typed or printed name of signee

**Filing Fee: \$25.00**