

LIB000036200

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(Address)

(Address)

(City/State/Zip/Phone #)

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SEC. OF TREASURY OF FLORIDA
TALLAHASSEE, FLORIDA

2018 APR 30 P 12:30

FILED

ST2/BAS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2018

DESSY Z MICTO
1134 NE 171 TERRACE
PEMBROKE PINES, FL 33028

SUBJECT: TUSCAN 7477 LLC
Ref. Number: L18000036200

We have received your document for TUSCAN 7477 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 1 of 3 is missing.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 418A00007845

2018 APR 30 P 12:30
TALLAHASSEE, FL 32314

FILED

RECEIVED

2018 APR 30 PM 2:39

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TUSCAN 7477 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:

Dessy Nieto
Name of Person

Firm/Company

1134 NW 171 Terrace
Address

Pembroke Pines, FL, 33028
City/State and Zip Code

propertyusa4@gmail.com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dessy Nieto at (954) 4711669.
Name of Person Area Code Daytime Telephone Number

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2018 APR 30 P 12:30
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

TUSCAN 7477 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 February 08, 2010 and assigned Florida document number L18000036200.

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

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	Lesbia H Milano de Caballero	9325 Tango Terrace Boca Raton, FL 33496	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dessy Nieto	1134 NW 171 terrace Pembroke Pines, FL 33028	<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
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 MAY 30 2012
 MILAN, FLORIDA

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

200 APR 30 P
11 AM
11 AM 450161

200 APR 30 P 2:30

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 April 27, 2018

Lesbia Milano

Signature of a member or authorized representative of a member

Lesbig M Milano di Caballero.

Typed or printed name of signee