

L18000044692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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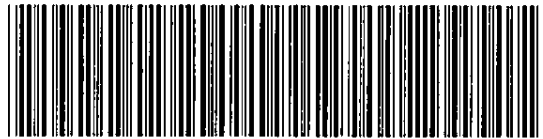
(Business Entity Name)

(Document Number)

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2023 SEP 25 PM 3:35



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PROVEST 1 CAP, 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:

ANNA BALBOA

Name of Person

THE LAW OFFICE OF MADELIN DIAZ, P.A.

Firm/Company

7975 NW 154TH STREET, SUITE 340

Address

MIAMI LAKES, FLORIDA 33016

City/State and Zip Code

MADELIN@MADELINDIAZPA.COM

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

For further information concerning this matter, please call:

MADELIN DIAZ, ESQUIRE

305 670-2700  
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**

PROVEST I CAP, 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 02/19/2018 and assigned  
Florida document number L18000044692.

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)**

1330 WEST AVENUE

APARTMENT # 1502

MIAMI BEACH, FLORIDA 33139

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

7975 NW 154TH STREET

SUITE 340

MIAMI LAKES, FLORIDA 33016

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**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:

ANNA BALBOA

New Registered Office Address:

1330 WEST AVENUE, APARTMENT 1502

*Enter Florida street address*

MIAMI BEACH

*City*

Florida 33139

*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>
AMBR	CHARLES A. VITA	910 WEST AVENUE	<input type="checkbox"/> Add
		APARTMENT 212	<input checked="" type="checkbox"/> Remove
		MIAMI BEACH, FLORIDA 33139	<input type="checkbox"/> Change
AMBR	ANNA BALBOA, TRUSTEE	1330 WEST AVENUE	<input checked="" type="checkbox"/> Add
		APARTMENT 1502	<input type="checkbox"/> Remove
		MIAMI BEACH, FLORIDA	<input type="checkbox"/> Change
AMBR	MITCHELL MORGAN, TRUSTEE	6100 HOLLYWOOD BLVD	<input checked="" type="checkbox"/> Add
		SUITE 515	<input type="checkbox"/> Remove
		HOLLYWOOD, FLORIDA 33024	<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
			<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.)*

MINUTES OF MEETING OF MEMBERS AND MANAGERS AND RESOLUTION

OF MEMBERS AND MANAGERS OF PROVEST I CAP, LLC

PURSUANT TO THE CHARLES VITA TRUST DATED NOVEMBER 11, 2008 AND AMENDED

AND REINSTATED ON MAY 19TH, 2022

**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 SEPTEMBER 21ST, 2023

 TRUSTEE, Member

Signature of a member or authorized representative of a member

ANNA BALBOA

Typed or printed name of signee