L18000061902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. MILLIGAN

APR 17 2018

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: GROUP P LEPE Y 119 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:

ELIDEA MENDOZA
Name of Person

Firm/Company

5536 NW 1[illegible]TH AVE UNIT 207
Address

DORAL, FL 33178
City, State and Zip Code

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

For further information concerning this matter, please call:

ELIDEA MENDOZA	at (786)	712-76[illegible]
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

March 31 2018

REF: Business entity name GROUP TEPUY 119 LLC

Entity [illegible] Department of State document number L18000061902

[illegible]

I am writing this letter to inform you that there is a typing error on the TITLE of person authorized to manage GROUP TEPUY 119 LLC in the Article V that is why I am requesting the correction

Please find attached the Amendment.

[illegible]

[illegible] MENDOZA [illegible] the same [illegible] change [illegible] MBR

Remain the same

DORAL FL 33178 Remain the same

PLEASE CORRECT IT AS SOON AS POSSIBLE BECAUSE I AM TRYING TO REQUEST THE EIN NUMBER AND I GOT AN ERROR FROM IRS AND I THINK IT COULD BE FOR THIS TYPING ERROR

Thank You

[illegible]

Leidy A Mendoza

Registered Agent of GROUP TEPUY 119 LLC

Daytime Telephone Number [illegible]

Return Address [illegible] NW [illegible] AVE [illegible] DORAL FL 33178

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2018 APR -6 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GROUP ELPUY 119 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 March 08, 2018 and assigned Florida document number L18000061041

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: Lidia Landazuri

New Registered Office Address: 5536 NW 114th Ave #107
(Post Florida street address)

Doral, Florida 33178
(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

Title	Name	Address	Type of Action
MGR	EDDIE A MENDOZA	5536 NW 114TH AVE UNIT 207	☐ Add
		DORAL FL 33178	☐ Remove
			■ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

Title MGR to be corrected: Typing error on TITLE of person authorized to manage GROUP TEPUY TP1 LLC

in Article V

LEIDI V MENDOZA V: (Remain the same

MR (Change it for MRS)

5536 NW 114TH AVE UNIT 207 (Remain the same) DORAL, FL 33178 (Remain the Same)

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 March 31 2018

Signature of a member or authorized representative of a member

LEIDI V MENDOZA

Typed or printed name of signee

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2018 APR -6 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: $25.00