To: Division of Corporations Page 2 of 6

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Division of Corporations forida Department of Division of Comorat éctróffic EilingfC lovei Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H180001962603))) H160001962603ABC0 Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. TO: Division of Corporations Fax Number : (850)617-6383 From: Account Name : EPGD ATTORNEYS AT LAW, P.A. Account Number : 120140000049 Phone : (786)837-5787 Fax Number : (305)718-0687 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** Email Address: _____eric@epgdlaw.com တ LLC AMND/RESTATE/CORRECT OR M/MG RESIGN S GARALFA ESTATES 2, LLC 8 1 Certificate of Status 0 <u>n</u> ഗ Certified Copy 0 հ ł Page Count 05m \$25.00 Estimated Charge œ Electronic Filing Menu Corporate Filing Menu Help

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COVER LETTER

TO :	Registration Section Division of Corporations
	Complete Estatos 2 110

SUBJECT:	Garaita Estates 2, 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:

Eric P. Gros - Dubois, Esq.
Name of Person
EPGD Attor news at Law, P.A. Firm/Company
Address
Mlami, FL 33135
City/State and Zip Code
oaralegal@epgdlaw.cm
E-mail address: (to be used for future annual report notification)
Address Mlami, FL 33135 City/State and Zip Code poral egal @epgdlaw.Com

For further information concerning this matter, please call:

Eric P. 6ros - Dubois, Esq. at (786) 837-6787 Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

𝔆 \$25.00 Filing F∞

□ \$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 •

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Garalfa Estates 2, 1 (Name of the Limited Liability Company of (A Florida Limited Liability Company wer Florida document number	IL now appears on our records,) iry Company)
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 C	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	SSEE 5 E
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the new

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	1
	, Flo	orida
	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

Page 1 of 3

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Hector Garcia	2016 Schooner Ln.	D Add
		weston, FL33327	Remove
			A Change
MGR	Alexandra Garcia	ISOISW 147th Avenue	Add
		Pembroke Pines, FL 3302	
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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ativa data ifatha	r than the date of filing	. 622	2018	(optional)

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 _	June 29, 2018.
	FMO
	Signature of a member or autorized representative of a member
	Eric P. Gros- Dubois, Esq., Attorney of Record Registered Agent Typed or printed nume of signer

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Filing Fee: \$25.00