L18000161660

(Requestor's Name)
(Address)
(, (44,1555)
(Address)
(City/State/Zip/Phone #)
(,,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





900360499079

92/25/21--01025--002 **25.00

1971 FEE ST 27 1797

I day R

BrianC.Perlin, P.A.

Probate • Estate Planning • Elder Law • Asset Protection

Brian C. Perlin, Esquire

brian@perlinestateplanning.com Florida Bar Certified Specialist, Wills, Trusts & Estates Florida Bar Certified Specialist, Elder Law Florida Certified Public Accountant CERTIFIED FINANCIAL PLANNERTM Associate
Shelley C. Booken, Esquire
shelley@perlinestateplanning.com

<u>Paralegal</u> Florencia Rossato, FRP florencia@perlinestateplanning.com

February 19, 2021

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Re: Articles of Amendment

Dear Sir or Madam:

Enclosed please find the Articles of Amendment for FLAGAMY, LLC and GRAND CANAL, LLC and the respective fees.

I am also enclosing a certified copy of the Death Certificate of Lourdes Huguet, the current manager, and certified Letters of Administration for the Estate of Lourdes Huguet appointing her son, Juan Carlos Huguet as personal representative.

If you have any questions or need additional information in order to update the corporate records of the above companies, please do not hesitate to contact my office.

Very truly yours,

Brian C. Perlin

BCP/fr Enclosures

COVER LETTER

TO:		istration Sect ision of Corpo					
SUBJEC	ст.	FLAGAMY I	LLC				
3003120	C1.		Name of Limit	ed Liability Company			
The encl	losed	l Articles of A	mendment and fee(s) are subn	nitted for filing.			
Please re	eturn	all correspond	dence concerning this matter t	o the following:			
			BRIAN C. PERLIN				
				Name of Person			
			BRIAN C. PERLIN, P.A.				
		Firm/Company					
			201 Alhambra Circle, Ste. 503 Address				
			Coral Gables, FL 33134				
			City/State and Zip Code				
			brian@perlinestateplanning. E-mail address: (0)	com o be used for future annual report notifi	cation)		
For furt	her ir	nformation cor	icerning this matter, please ca		,		
Brian C			actioning this matter product on	305 443-3104			
		Name of E	Person	at () Area Code Daytime	Telephone Number		
Enclose	d is a	a check for the	following amount:				
■ \$ 25	3.00 F	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)		
		iling Address:		Street Address: Registration Sec	tion		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

FLAGAMY, 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 7/3/2018 and assigned · Florida document number ______L18000161660 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

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.

Cirv

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>	Type of Action
MGR	LOURDES E HUGUET	1065 NW 127 PATH	
		MIAMI, FL 33182	≅Remove
		 	□Change
MGR —	JUAN C. HUGUET, PER REP	10213 SW 21 TERRACE	■Add
		MIAMI, FL 33165	\ _Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□ Remove
		-	□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

_	
-	
_	
-	
-	
_	
-	
_	
-	<u> </u>
_	
_	
_	
an effe ote:	e date, if other than the date of filing:
record Lis fil	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
ated ₋	February 19 20121
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00