

L18000161660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

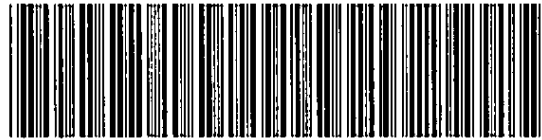
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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LAW OFFICE OF
Brian C. 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 PLANNER™

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Shelley C. Booken, Esquire

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Paralegal

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

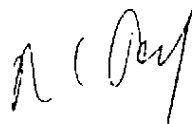
Dear Sir or Madam:

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: Registration Section
Division of Corporations

SUBJECT: FLAGAMY 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:

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@perlinstateplanning.com

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

For further information concerning this matter, please call:

Brian C. Perlin

305

443-3104

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

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	LOURDES E HUGUET	1065 NW 127 PATH	<input type="checkbox"/> Add
		MIAMI, FL 33182	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JUAN C. HUGUET, PER REP	10213 SW 21 TERRACE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33165	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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)

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 February 19 2021

Signature of a member or authorized representative of a member

JUAN CARLOS HUGUET, PERSONAL REPRESENTATIVE

Typed or printed name of signee

Filing Fee: \$25.00