

L18000186665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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Amend

SEP 11 2018
STATE
CLERK

SEP 07 2018

D CUSHING

COVER LETTER

LLC

TO: Registration Section
Division of Corporations

SUBJECT: Montesi II LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karolina Torres
Name of Person

KTorres Services Corp
Firm/Company

600 S Federal Hwy Sk 207
Address

Deerfield Beach, FL 33441
City/State and Zip Code

K.torres@ktorreservices.com
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Karolina Torres at (561) 562-0814
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

18 SEP 14 AM 11:12
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2018

KAROLINA TORRES
KTORRES SERVICES CORP
600 S FEDERAL HWY, STE 207
DEERFIELD BEACH, FL 33441

SUBJECT: MONTESI II LLC
Ref. Number: L18000186665

We have received your document for MONTESI II LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$30.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 418A00017424

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Mentasi II LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2018 SEP 11 12:11 PM
CLERK OF COURT
CLERK OF COURT

The Articles of Organization for this Limited Liability Company were filed on 08/03/2018 and assigned Florida document number L18000186665.

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 "LLC."

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

City **Florida** *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 | Patricia Montesi Pereira | 2592 Carambola Cir N | <input checked="" type="checkbox"/> Add |
| | | Coconut Creek, FL 33066 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Fernanda Montesi Pereira | 2592 Carambola Cir N | <input checked="" type="checkbox"/> Add |
| | | Coconut Creek, FL 33066 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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[illegible]

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.

(b) The 90th day after the record is filed.

Dated August 14th 2018

Dina Mantesi da Silva

Signature of a member or authorized representative of a member

Dira Mentesi da Silva

Typed or printed name of signee