L18000192983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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S. CHATHAM
JUL 25 2023

RECEIVED
2023 JUL 24 AM 10:58
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 892566 4727100

AUTHORIZATION :

COST LIMIT : $ 25.00

ORDER DATE : July 24, 2023

ORDER TIME : 10:55 AM

ORDER NO. : 892566-005

CUSTOMER NO: 4727100

CHANGE OF AGENT

NAME: LA AVENTURA LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LA AVENTURA LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathy Landicho
Name of Person

Offit Kurman, P.A.
Firm/Company

7021 Columbia Gateway Drive, Suite 200
Address

Columbia, Md 21046
City/State and Zip Code

santana_oscar1@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Landicho at (301) 575-0303
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

■ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

1. Name of the limited liability company: LA AVENTURA LLC

2. (a) Principal office address of limited liability company
(Note: MUST BE STREET ADDRESS)
175 SW 7 St #2110
Miami, FL 33130

(b) Mailing address of limited liability company
(Note: MAY BE POST OFFICE BOX)
175 SW 7 ST #2110
Miami, FL 33130

3. Date of filing registration in Florida: 08/13/2018

4. Document number: L18000192983

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
ABC Capital Miami
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
175 SW 7 ST 1508
Miami, FL. 33130

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
Carlos Sanchez
NEW Registered Office Address
11767 NW 48th St.
Coral Springs, FL. 33076

2023 JUL 24 AM 10:58

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Oscar Santana, Manager
Printed or typed name of signee

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.

Signature of Registered Agent

Carlos Sanchez

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314
FILING FEE: $25.00

INHS18 (2/14)