118000217448

(Re	questor's Name)	<u> </u>
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

54, LLC SUBJECT:					
	Name of Limite	ed Liability Company			
The enclosed Articles of .	Amendment and fee(s) are subm	itted for filing.			
Please return all correspo	ndence concerning this matter to	the following:			
	Marcela Gil				
		Name of Person		-	
	Manuel Diner P.A.				
		Firm/Company		-	
	2800 Weston Road, Suite 20)4			
		Address		-	
	Weston, FL 33331				
	mgil@dinerlaw.com	City/State and Zip Code	,	-	
	E-mail address: (to	be used for future annual report notificati	on)	2019	
For further information c	oncerning this matter, please cal	II:			-17
Marcela Gil		305 825-8151 at ()		1	-
Name o	f Person	Area Code Daytime Tel	lephone Numbe	r : P	
				1: 03	₹ ₃₀₋₁₁
Enclosed is a check for t	•	,		} • • •	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	2 \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	

. TO: Registration Section
Division of Corporations

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

54, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000217448	were filed on September 12, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity 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)		··· <u></u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered of	fice address on our records, ente	er the name of the ne
registered agent and/or the new registered office address here	2	
Name of New Registered Agent:		2019 Carre
New Registered Office Address:		1000
	Enter Florida street address	The state of the s
	, Florida	The Francisco
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		ω

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>	Type of Action
MGRM	Carlos T Hernandez Santana	1427 Capri Lane # 5006 Weston. FL 33327	Add
			Remove
		Change from MGRM to MGR	
			□ Add
			☐ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
			Adt -
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ective date, if other than the date neffective date is listed, the date must be s	e of filing:				(optional)		
neffective date is listed, the date must be s te: If the date inserted in this block on nument's effective date on the Depart	ioes not me	et the appi	licable stat	filing or mor atory filing	e than 90 days requirements	after filing.) Purs , this date will	suant to 6 not be li	isted
record specifies a delayed eff he 90th day after the record		ate, but r	not an ef	fective tir	ne, at 12:0	01 a.m. on t	he ear	rlier
December 27th	·	2018						
	•		2					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

This Instrument Prepared By Manuel Diner, Esq. Manuel Diner, P.A. 2800 Weston Road, Suite 204 Weston, Fl. 33331

NOTICE OF CLAIM OF LIEN AND INTENT TO FORECLOSE

NOTICE IS HEREBY GIVEN that the undersigned (hereinafter Claimant) does hereby claim an equitable interest in and to the real property described below by virtue of a Contract for the Sale and Purchase of that certain real property located in Broward County, Florida, legally described as follows:

Lot 44, GRIFFIN 345 PLAT, according to the plat thereof as recorded in Plat Book 129, Page 22 of the Public Records of Broward County, Florida. a/k/a 19101 SW 57 Court, Southwest Ranches, Fl. 33332

said property, originally dated 12/27/2017 and subsequently amended. The owner of the property, TERESA DE CARIA (hereinafter Owner), has failed and refused to convey title of the Property to Claimant, pursuant to said Contract. Furthermore, Claimant has paid the real property taxes and mortgage payments on behalf and at the request of Owner, which payments exceed \$100.000.00. The undersigned does further give notice of his intent to file an action to foreclose the lien claimed hereunder.

Imadeddine Laaroussi

State of Florida County of Broward

Sworn to and subscribed before me this day of December, 2018, by Imadeddine Laaroussi, who is personally known to me or has produced F. Drivers Lices-e as identification.

Notary Public, State of Horida-at Large

Nayab Khalii State of Florkts My Commission Expires 12/21/2021 Commission No. GG 170438 2019 JAN -4 PH 1: 00