

118 000 7542 70

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

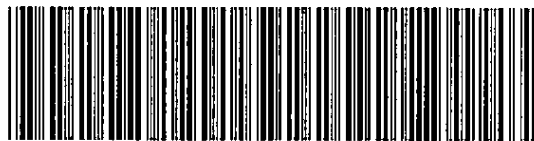
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SECRETARY OF STATE
TALLAHASSEE, FL 32399

2019 MAY -6 PM 12:49

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FILED

T GLASS

MAY 07 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 5, 2019

MARIA LUISA CASANOVA
10887 NW 7 ST. #11
MIAMI, FL 33172

SUBJECT: LUARCA PROPERTIES LLC
Ref. Number: L18000254270

We have received your document for LUARCA PROPERTIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6052.

Tacarri K Glass
Regulatory Specialist II

Letter Number: 419A00006828

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AND
FILED
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

11000254270

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUARCA PROPERTIES 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:

MARIA LUISA CASANOVA
Name of Person

Firm/Company

10887 NW 7st. #11
Address

MIAMI, FL 33172
City/State and Zip Code

JLOPEZ CASANOVA@GMAIL.COM
E-mail address: (to be used for future annual report notification)

RECEIVED
CORPORATION
DIVISION
MAY 6 2019

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For further information concerning this matter, please call:

JOSE LOPEZ CASANOVA at (786) 200-8936
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

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

(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 10/29/2018 and assigned
Florida document number L 18000254270

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:

MARIA LUISA CASANOVA

New Registered Office Address:

Enter Florida street address

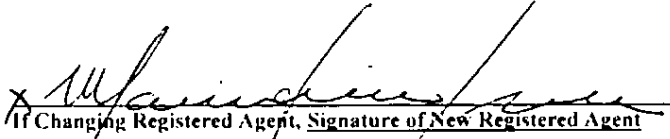
_____, **Florida**

City

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>
<u>MGR</u>	<u>MARCOS LOPEZ</u>	<u>6400 SW 21 st</u>	<input type="checkbox"/> Add
		<u>MIAMI, FL 33155</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>JOSE LOPEZ CASANOVA</u>	<u>8818 W. FLAGLER ST #5</u>	<input type="checkbox"/> Add
		<u>MIAMI, FL 33174</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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 RECORDS & INFORMATION STAFF
 MIAMI-DASH 3114

2019 MAY -6 PM 12:49
 21 GREENSBORO STATE
 211414551731000

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AND
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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.

Dated 3/1/2019

9
x Jeffrey H. Hines
Signature of a member or authorized representative of a member

MARIA LUISA CASANOVA
Typed or printed name of signee