

11/7/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000329249 3)))



H190003292493ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ANTONIO ALONSO, PLLC.
Account Number : 120160000045
Phone : (305)606-0399
Fax Number : (305)508-6364

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: alonsoa@aapalaw.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EPGB MIAMI LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$30.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

NOV - 8 2019

M. SOLOMON

H19000329249 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EPGB MIAMI 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:

Antonio Alonso, Esq.

Name of Person

Antonio Alonso, PLLC

Firm/Company

121 Alhambra Plaza, Suite 1500

Address

Coral Gables, FL 33134

City/State and Zip Code

alonsoa@aapalaw.com

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

For further information concerning this matter, please call:

Antonio Alonso, Esq.

305 606-0399

Name of Person

at ()

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

H19000329249 3

H19000329249 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EPGB MIAMI LLC

(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 3/4/19 and assigned
Florida document number L19000061829.

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:

8750 NW 36 St., #640, Doral, FL 33178

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

8750 NW 36 St., #640, Doral, FL 33178

(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:

Antonio Alonso PLLC.

New Registered Office Address:

121 Alhambra Plaza, Suite 1500

Enter Florida street address

Coral Gables

Florida 33134

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

H19000329249 3

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 | GUILLERMO LUIS, CUTTELA | | <input type="checkbox"/> Add |
| | | 645 W Hallandale Beach Blvd.#103 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | TORROJA, LUCAS | 8750 NW 36 St., #640 Doral, FL 33178 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

2019 NOV - 7 PM 4: 08

FILED

H19000329249 3

H19000329249 3

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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 October 28 2019

Signature of a member or authorized representative of a member

JOSE MARTIN GATTI

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

H19000329249 3