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(Address)

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(City/State/Zip/Phone #)

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BUREAU OF CORPORATIONS  
19 APR 25 PM 2:40

*Amend*

APR 03 2019

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 3139 OHIO DEVELOPERS 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:

PAOLA ABELLO, ESQ.

Name of Person

ABELLO LAW PLLC

Firm/Company

1390S. DIXIE HWY, SUITE 1309

Address

CORAL GABLES, FL 33146

City/State and Zip Code

PABELLO@PEREZABELLOLAW.COM

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

For further information concerning this matter, please call:

PAOLA ABELLO, ESQ.

786 485-0778  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
DIVISION OF STATE  
CORPORATIONS  
19 MAR 25 PM 2:10

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

3139 OHIO DEVELOPERS 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 03/11/2019 and assigned  
Florida document number L19000069124.

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:**

3193 OHIO STREET

**(Principal office address MUST BE A STREET ADDRESS)**

Miami, FL 33133

**Enter new mailing address, if applicable:**

900 BISCAYNE BLVD

**(Mailing address MAY BE A POST OFFICE BOX)**

SUITE 707

MIAMI, FL 33132

**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

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>
MGR	JUAN M. ECHEVERRI	900 BISCAYNE BLVD	<input checked="" type="checkbox"/> Add
		SUITE 707	<input type="checkbox"/> Remove
		MIAMI, FL 33132	<input type="checkbox"/> Change
MGR	GRAN RITCHIE	7919 LOS PINOS CIRCLE	<input type="checkbox"/> Add
		CORAL GABLES, FL 33143	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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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 MARCH 21 2019

JUAN M. ECHEVERRI

Typed or printed name of signee