L19 0000 99899

(Requestor's Name)			
(Address)			
· · · · ·			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Ducines Estitutions)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
· 			
Special Instructions to Filing Officer:			
. ,			
7/30/21			
I TM			

Office Use Only



300365436993

RECEIVED

MAY 0 3 2021

05/04/21~-01032--009 **25.00

21 JUL 19 FHI2: 38



June 15, 2021

VICTOR E. DELGADO 1450 MADRUGA AVE STE 200 CORAL GABLES, FL 33146

SUBJECT: GARDEN CITY HOMES, LLC

Ref. Number: L19000099899

We have received your document for GARDEN CITY HOMES, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Letter Number: 621A00013380

Tekayla T Matthews OPS

www.sunbiz.org

COVER LETTER

	Registration Se Division of Cor			ë		
		CITY HOMES, LLC				
SUBJECT: Name of Limited Liability Company						
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		VICTOR E. DELGADO				
			Name of Person			
	HARBOUR RESIDENTIAL, LLC					
	Firm/Company					
1450 MADRUGA AVE, SUITE 200						
	Address					
		CORAL GABLES, FL 33	146			
			City/State and Zip Code			
		E-mail address: (to be used for future annual repo	rt notification)		
For furth	er information c	oncerning this matter, please c	all:			
VICTOR E. DELGADO		786 554-03	97			
	Name o	f Person	Area Code	Paytime Telephone Number		
Enclosed	is a check for th	ne following amount:				
≘ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres		Street Addre			
Registration Section Division of Corporations			Registratio Division o	n Section Corporations		
P.O. Box 6327				of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 JUL 19 PH 12: 38

GARDEN CITY HOMES, 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 Liabi	ility Company were filed on 04/10/20	and assigned
Florida document number 1.19000099899		
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered office address hagent and/or the new registered office address hame of New Registered Agent:		ls, enter the name of the new registered
New Registered Office Address:		
	Enter Florida str	eet address
<u>-</u>		Florida Zip Code
	•	Zip Code
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered a provisions of all statutes relative to the proper c accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this cho	igent and agree to act in this capac and complete performance of my d red agent as provided for in Chapt sistered office address, I hereby con	uties, and I am familiar with and er 605, F.S. Or, if this document is

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		Address JUL 19 PH12: 38	
<u>Title</u>	Name	Address JUL 19 PH12: 30	Type of Action
AMBR	Gerardo Gaston Arellano Lopez	1450 Madruga Ave, Suite 200	🗀 Add
		Coral Gables, FL 33146	Remove
			□Change
AMBR	Lopez Internacional S.A.	1450 Madruga Ave, Suite 200	□Add
		Coral Gables, FL 33146	Remove
			Change
			□Add
			Remove
		 	Change
			□Add
			□Remove
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: tx	and an additional species, principles surver
	21 JUL 19 PH 12: 38
	2100
	· · · · · · · · · · · · · · · · · · ·
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to do Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	ate of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
If the record specifies a delayed effective date, but not an effective time, record is filed.	at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated	d representative of a member
Signature of a member or authorize	d representative of a member
VICTOR E. P	ELGADO
Typed or printed no	ime of signer