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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

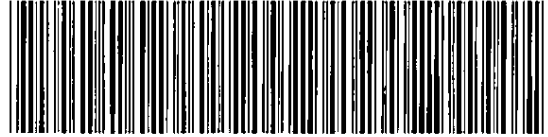
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FL

*al*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: South Florida Financial Holdings 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:

Raquel Garcia

Name of Person

South Florida Financial Holdings, LLC

Firm/Company

4301 S. Flamingo Road #106

Address

Davie, FL 33330

City/State and Zip Code

flcorpreg@gmail.com

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

For further information concerning this matter, please call:

Raquel Garcia

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

STATE OF FLORIDA  
TALLAHASSEE, FL

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

South Florida Financial Holdings 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 05/10/2019 and assigned  
Florida document number L19000127405

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 "LLC"

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)

4301 S. Flamingo Road

Suite 106 Unit 171

Davie FL 33330

**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:

Raquel Garcia

New Registered Office Address:

4301 S. Flamingo Road Suite 106 Unit 171

Enter Florida street address

Davie

Florida 33330

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

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

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	M. Smith	323 Sunny Isles Blvd	<input type="checkbox"/> Add
		Sunny Isles Beach, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Raquel Garoia	4301 S. Flamingo Road	<input checked="" type="checkbox"/> Add
		Suite 106 Unit 171	<input type="checkbox"/> Remove
		Davie, FL 33330	<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

2023 SEP 12 PM 2:12  
STATE OF FLORIDA  
SUNNY ISLES BEACH  
FILED

2023 SEP 12 PM 12:12  
DEPUTY CLERK OF STATE  
TALLAHASSEE, FL

2023 SEP 12 PM 12:12  
SEATTLE  
TALLAHASSEE, FL

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(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.

Dated August 3 2023

Agust Garcia <sub>S</sub>

Signature of a member or authorized representative of a member

**Raquel Garcia**

Typed or printed name of signee

**Filing Fee: \$25.00**