

Florida Department of State  
Division of Corporations  
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**L19000159110**

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To: Division of Corporations  
Fax Number : (850)617-6883

From: Account Name : SANCHEZ VAQUILLO LLP  
Account Number : 128150008438  
Phone : (305)483-7788  
Fax Number : (813)492-8948

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

email address: corporation@svkllp.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LOS 3 V LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charges     | \$25.00 |

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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Sent 10/15

### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LOS 3 JLLC

*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:

**KIOMARA POLANCO**

*Name of Person*

**SANCHEZ VADILLO LLP**

*Firm/Company*

**3105 NW 107 AVENUE, SUITE 103**

*Address*

**DORAL, FLORIDA 33172**

*City/State and Zip Code*

**CORPORATIONS@SVLAWUS.COM**

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

For further information concerning this matter, please call:

**KIOMARA POLANCO**

**305 485-9700**

at ( )

*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 Address:**

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOS 3 J 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 05/17/2019 and assigned Florida document number L19000134110.

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: 20100 WEST COUNTRY CLUB DRIVE  
*(Principal office address MUST BE A STREET ADDRESS)* SUITE 205  
AVENTURA, FLORIDA 33180

Enter new mailing address, if applicable: 20100 WEST COUNTRY CLUB DRIVE  
*(Mailing address MAY BE A POST OFFICE BOX)* SUITE 205  
AVENTURA, FLORIDA 33180

**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 attending 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          | MARIEA VILA        | 20100 WEST COUNTRY CLUB DRIVE | <input type="checkbox"/> Add                              |
|              |                    | SUITE 205                     | <input type="checkbox"/> Remove                           |
|              |                    | AVENTURA FLORIDA 33180        | <input checked="" type="checkbox"/> Change <i>Address</i> |
| MGR          | NOUEL JOHN ROBERTO | 20100 WEST COUNTRY CLUB DRIVE | <input type="checkbox"/> Add                              |
|              |                    | SUITE 205                     | <input type="checkbox"/> Remove                           |
|              |                    | AVENTURA FLORIDA 33180        | <input checked="" type="checkbox"/> Change <i>Address</i> |
|              |                    |                               | <input type="checkbox"/> Add                              |
|              |                    |                               | <input type="checkbox"/> Remove                           |
|              |                    |                               | <input type="checkbox"/> Change                           |
|              |                    |                               | <input type="checkbox"/> Add                              |
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|              |                    |                               | <input type="checkbox"/> Change                           |
|              |                    |                               | <input type="checkbox"/> Add                              |
|              |                    |                               | <input type="checkbox"/> Remove                           |
|              |                    |                               | <input type="checkbox"/> Change                           |

