119 000139692

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	<u> </u>
(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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06/20/19--01006--006 **25.00

JUL 01 2019 S. YOUNG



COVER LETTER

TO:	Registration S Division of Co			
and to a		IMMOBLES LLG	C	
SUBJ	EC1:	Name of Lin	nited Liability Company	
		f Amendment and fee(s) are sub	_	
Please	return all corresp	ondence concerning this matter	to the following:	
			CARLES PUIG	
		-	Name of Person	
			IMMOBLES LLC	
			Firm/Company	
		300	0 MONTICELLO PLACE 203	
			Address	
			ORLANDO, FL 32835	
		· 	City/State and Zip Code	
			carles@puigusa.com to be used for future annual report not	elicatum i
For fur	ther information o	concerning this matter, please c		
	CARLE	S PUIG	407 927-4064	
•	Name e	of Person	at () Area Code Daytin	e Telephone Number
Englóse	ed is a check for the	he following amount:		
र्ष्य \$2:	5.00 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)
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Ft. 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	IMMOBLES LLC	
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	pility Company were filed on 05/24/2019	_ and assigned
Florida document number L19000139692	·	
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicab	ile: N/A	
(Principal office address MUST BE A STREET	ADDRESS)	<u> </u>
		<u> </u>
		77 77 77 77 77 77 77 77 77 77 77 77 77
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BO	DX)	
		25
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter the</u> eaddress here: NOT APPLICABLE.	e name of the new
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>	Name	Address	Type of Action
AMBR	JUAN PUIC GRATACOS	3000 MONTICELLO PLACE 203	
		ORLANDO. FL 32835	
		<u> </u>	■ Remove
			☐ Change
AMBR	JOSE PUIG GRATACAOS	3000 MONTICELLO PLACE 203	
		ORLANDO, FL 32835	
			■ Remove
			□ Change
AMBR	JAVIER PUIG GRATACOS	3000 MONTICELLO PLACE 203	
 		ORLANDO, FL 32835	
			Remove
			Change
AMBR	DAVID PUIG PUIG	3000 MONTICELLO PLACE 203	□ Add
		ORLANDO, FL 32835	
			Remove
			Change
			DAdd
			Remove
			Change
		***************************************	🖸 Add
			□ Remove
			Change

		
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ctive date, if other than the date of	4TH DAY OF JUNE OF 2	019 (optional)
effective date is listed, the date must be spec-	ic and cannot be prior to date of filing o	r more than 90 days after filing.) Pursuant to 605.0
11 the date inserted in this block does ment's effective date on the Departme	not meet the applicable statutory to for State's records.	ling requirements, this date will not be listed
ecord specifies a delayed effect	ve date, but not an effectiv	e time, at 12:01 a.m. on the earlie
e 90th day after the record is t	led.	
LETTER DAY OF BINE	2010	
14TH TH DAY OF JUNE		
	<u></u>	

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Typed or printed name of signee

Filing Fee: \$25.00