

L19 000 167 190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

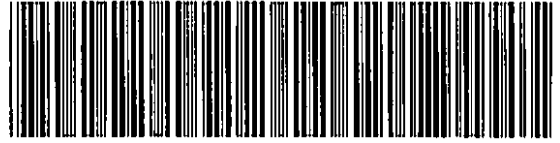
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500367230345

06/01/21--01034--019 ++25.00

FILED
2021 JUN -1 PM 5:47
TALLAHASSEE, FL

D. BRUCE
JUL 01 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**
LA CASA DE LAS VIEJAS LLC

SUBJECT: _____
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:

JANET HAIMOV

Name of Person

Firm/Company

33 NE 1ST STREET

Address

MIAMI, FL. 33132

City/State and Zip Code

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

For further information concerning this matter, please call:
JANET HAIMOV 786 236-5170

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

RECEIVED
TALLAHASSEE
2021 JUN -1 PM 5:47
CORPORATION

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

LA CASA DE LAS VIEJAS, 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 07/09/2019 and assigned Florida document number L19000167190.

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:

62 NE 1ST STREET

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33132

Enter new mailing address, if applicable:

62 NE 1ST STREET

(Mailing address MAY BE A POST OFFICE BOX)

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: ELSA BULMAS

New Registered Office Address: 1760 NW 7TH STREET, APT 1106

Enter Florida street address

MIAMI, Florida 33125

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

2021 JUN - 1 PM 5:17
FILED
TALLAHASSEE
FLORIDA

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	JANET HAIMOV	33 NE 1ST STREET	<input type="checkbox"/> Add
		MIAMI, FL 33132	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	IGAL HAIMOV	33 NE 1ST STREET	<input type="checkbox"/> Add
		MIAMI, FL 33132	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ELSA BULMAS	1760 NW 7 STREET APT 1106	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33125	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOSE ANGEL LEZCANO	1760 NW 7 STREET APT 1106	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33125	<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

2021 JUN 11 PM 5:47
 [Stamp]

END

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

RECEIVED
FALLS CHURCH, VA

2021 JUN -1 PM 5:47

FILED

E. Effective date, if other than the date of filing: _____ (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 5.27.2021

Handwritten signature

Signature of a member or authorized representative of a member

Sanet Haimov

Typed or printed name of signee

Filing Fee: \$25.00