

# L19000190612

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000054312 3)))



H200000543123ABCR

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**900 CONDO HOLDINGS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Y SULKER

FEB 19 2020

2020 FEB 18 PM 1:40

FILED

2020 FEB 18 AM 10:59

SEC. OF STATE  
TALLAHASSEE, FL

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

900 CONDO 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 07/25/2019 and assigned  
Florida document number L19000190612.

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:

(Principal office address **MUST BE A STREET ADDRESS**)

4251 S.W. 141ST AVENUE

MIRAMAR, FLORIDA 33027

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

4251 S.W. 141ST AVENUE

MIRAMAR, FLORIDA 33027

**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: SAMUEL S. GONZALEZ

New Registered Office Address: 4251 S.W. 141ST AVENUE

Enter Florida street address

MIRAMAR

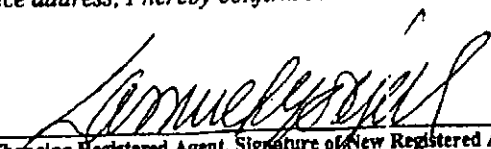
Florida 33027

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SAMUEL S. GONZALEZ	4251 S.W. 141ST AVENUE	<input checked="" type="checkbox"/> Add
		MIRAMAR, FLORIDA 33027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	YAZMIN GONZALEZ	4251 S.W. 141ST AVENUE	<input checked="" type="checkbox"/> Add
		MIRAMAR, FLORIDA 33027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ARAMIS LOPEZ, JR.	8861 N.W. 196TH STREET	<input type="checkbox"/> Add
		HIALEAH, FLORIDA 33018	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

E. Effective date, if other than the date of filing: 12/20/20219 (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 FEBRUARY 17TH 2020

Signature of a member or authorized representative of a member

**SAMUEL S. GONZALEZ**

Typed or printed name of signee

**Filing Fee: \$25.00**