

**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.**

((H22000111074 3)))



H220001110743ABCS

**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**  
**AIDA COCONUT GROVE LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$25.00 |

2022 MAR 25 PM 3:27

2022 MAR 23 PM 4:00  
 FILED  
 ALL AMND/RESTATE/CORRECT OR M/MG RESIGN

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

MAR 29 2022

**Articles of Amendment to LLC Articles of Organization of**  
**AIDA COCONUT GROVE, LLC**


The Articles of Organization for this Limited Liability Company were filed on  
08/28/2019 and assigned Florida document number  
L18000220190.

This amendment is submitted to amend the following:

(MGR) ADD: Eduardo P. Gavilan Elizalde  
Remove: Dimitris Harvalis, Mgr.  
Address: 3306 MARY Street, #108  
for New Manager Coconut Grove, FL 33133

These articles of amendment were adopted on MARCH 24, 2022

Dated MARCH 24, 2022



Signature of a member or authorized representative of a member

EDUARDO P. GAVILAN ELIZALDE

Typed or printed name of signee

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

Signature of New Registered Agent, if changing

FILED  
MAR 25 PM 4:00  
CLERK OF CIRCUIT COURT  
DADE COUNTY, FLORIDA