

L200000 27191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

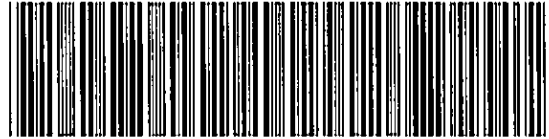
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 MAY - 7 AM 11:18

Amend

MAY 29 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PLANTATION WALTRUN ORLANDO LLC
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:

Juan Pablo Alvarez Piso

Name of Person

Firm/Company

7409 Deveraux Street

Address

Reunion FL 34747

City/State and Zip Code

Jalvarez@provocados.com

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

For further information concerning this matter, please call:

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

FILED
STATE
DIVISION OF CORPORATIONS
19 MAY -7 AM 11:18

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

PLANTATION WALTRUN ORLANDO 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 01/21/2020 and assigned
Florida document number L20000027191.

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)

7409 Devereaux street

Reunion FL 34747

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7409 Devereaux street

Reunion FL 34747

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:

Juan Pablo Alvarez Piso

New Registered Office Address:

7409 Devereaux Street

Enter Florida street address

Reunion

City

Florida 34747

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>
AMBR	Juan Martin Alvarez Moreno Family Trust	7625 W. Sand Lake Rd ste 202	<input checked="" type="checkbox"/> Add
		Orlando FL 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MALAY, ARTHUR J	602 LUCAYA LOOP	<input type="checkbox"/> Add
		DAVENPORT, FL 33897	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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 03/06/2020

Arthur Malay

Signature of a member or authorized representative of a member

Arthur Malay

Typed or printed name of signee

Filing Fee: \$25.00

I Juan pablo Alvarez PISO Accept Registered agent appointment, and understand Obligations of the position. I will act in Best Interest of New Member "Juan Martin Alvarez Moreno family trust".

