

L2C 0000070417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

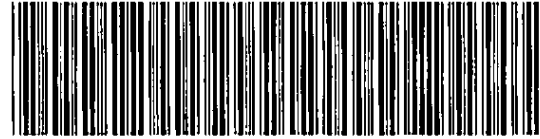
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/14/20--01018--010 **30.00

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2020 NOV 13 PM 1:23

STATE

NOV 13 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Amilla Homes 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:

Salvi Chauri
Name of Person

Bluenest Development LLC
Firm/Company

33 SW 2 Ave 401
Address

Miami FL 33130
City/State and Zip Code

Salvi@Bluenest.us
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Salvi Chauri at 305 458-5686
Name of Person 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Ami'lla Home 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 3/3/2020 and assigned
Florida document number L 200000070417

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)

33 SW 2 Ave
401 Miami FL 33130

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

33 SW 2 Ave 401
Miami FL 33130

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:

Bluerest Development LLC

New Registered Office Address:

33 SW 2 Ave 401

Enter Florida street address

Miami

City

Florida

33130

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>
<u>Mgr</u>	<u>CHRAIBI, SALIM</u>	<u>33 SW 2 Ave 401</u>	<input checked="" type="checkbox"/> Add
		<u>Miami FL 33130</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>CHRAIBI, SALIM</u>	<u>33 SW 2 Ave 802</u>	<input type="checkbox"/> Add
		<u>Miami FL 33130</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>MESSAOUDI, MALAK</u>	<u>33 SW 2 Ave 802</u>	<input type="checkbox"/> Add
		<u>Miami FL 33130</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2020 NOV 13 PM 1:23
PORT ST. LOUIS, FL.

2020 NOV 13 PM 1:28

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(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)

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 October 27th 2020

Signature of a member or authorized representative of a member

Salvatore Chiribon

Typed or printed name of signee

Filing Fee: \$25.00