

L 70 000 159127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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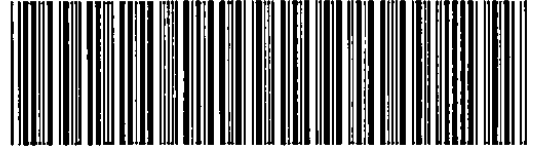
(Business Entity Name)

(Document Number)

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TO: Registration Section
Division of Corporations

SUBJECT: Golfeados El Moroño, 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:

Maria L. Hernandez-Ron
Name of Person
Golfeados El Moroño
Firm/Company
3300 Mayflower St
Address
Sarasota, FL 34231
City/State and Zip Code
mlhron07@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria L. Hernandez-Ron at (941) 350-4535
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

TO
ARTICLES OF ORGANIZATION
OF

GOLFEADOS EL MOROÑO, 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 _____ and assigned
Florida document number L20000159127.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GOLFEADOS EL MORONO, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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 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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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)

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.

Signature of a member or authorized representative of a member

Jorge M. Rivas
Typed or printed name of signee

Filing Fee: \$25.00



Filing Information

Please review the filing for accuracy. If you need to make corrections, do so at this time. Information will be added/edited exactly as you have entered it. Once you have submitted information, your filing cannot be updated, removed, cancelled or refunded.

Effective date for this filing 06/10/2020

Certificate of Status Requested Yes

Certified Copy Requested Yes

Limited Liability Company Name GOLFEADOS EL MOROÑO, LLC

Principal Place of Business

Address 3300 MAYFLOWER ST

Suite, Apt. #, etc.

City, State SARASOTA, FL

Zip Code & Country 34231, US

Mailing Address

LIMITED LIABILITY COMPANY MAILING ADDRESS SAME AS PRINCIPAL ADDRESS.

Name and Address of Registered Agent

Name (Last, First, Middle, Title) RIVAS, JORGE, M,

Address 3300 MAYFLOWER ST

Suite, Apt. #, etc.

City, State SARASOTA, FL

Zip Code & Country 34231, US

Registered Agent Signature JORGE M RIVAS

Any Other Provision(s) - Optional (Purpose, Statements, etc.)

Correspondence Name And E-mail Address

Name and e-mail address to whom correspondence should be e-mailed

Name JORGE M RIVAS

E-mail Address JORGE.EFYS@GMAIL.COM

Signature of a member or an authorized representative.

Signature JORGE M RIVAS

Name And Address of Person(s) Authorized to Manage LLC