

L20000 184622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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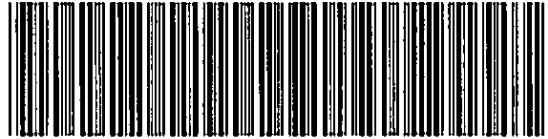
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

2020 AUG 12 AM 6:27

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D. BRUCE  
SEP 30 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Adas Property Care, 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:

Paula Fernandez  
Name of Person

Leo Travel  
Firm/Company

1726 NW 36<sup>th</sup> Street Unit 11  
Address

Miami, FL 33142  
City/State and Zip Code

leo4ours1@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paula Fernandez at (786) 413-8191  
Name of Person Area Code Daytime Telephone Number

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Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

ADAS PROPERTY CARE, 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 06/30/2020 and assigned Florida document number 20000184622.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

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

N/A

**Enter new mailing address, if applicable:**

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

N/A

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FID

**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:

Esmeralda Cantillo

New Registered Office Address:

1858 New 26<sup>th</sup> Street

Enter Florida street address

Miami

City

Florida

33142

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.

X [Signature]

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>
AP	Paula Fernández	1726 NW 36 <sup>th</sup> Street	<input type="checkbox"/> Add
		Unit 11 Miami, FL 33142	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
RA	Paula Fernández	1726 NW 36 <sup>th</sup> Street Unit 11	<input checked="" type="checkbox"/> Add
		Miami, FL 33142	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Emilda Cantillo	1858 NW 26 <sup>th</sup> Street	<input checked="" type="checkbox"/> Add
		Miami, FL 33142	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Herman Cantillo	1858 NW 26 <sup>th</sup> Street	<input checked="" type="checkbox"/> Add
		Miami, FL 33142	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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ALL INFORMATION

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TALL MAINTENANCE

(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.

Dated July 28, 2020

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~~signature of a member or authorized representative of a member~~

Paula Fernández  
Typed or printed name of signee