

2/19/2021

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filings Sheet

# L2000211673

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : BARINAS & ASSOCIATES INC.  
Account Number : I20000000082  
Phone : (305)871-8889  
Fax Number : (305)870-9623

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**L.L.C AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**15565 SW 34, L.L.C**

Certificate of Status	0
Certified Copy	0
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02/19/2021 10:55

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

15565 SW 34 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 07/20/2020 and assigned Florida document number L20000211673

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: 8258 W STATE ROAD DAVIE, FL 33324 (Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 8258 W STATE ROAD DAVIE, FL 33324 (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: 8258 W STATE ROAD DAVIE, Florida 33324 (Enter Florida street address, City, 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>
MGR	ELIAS BORTZ	15435 SW 34 CT	<input checked="" type="checkbox"/> Add
		DAVIE, FL 33331	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FABIAN BORTZ	15505 SW 34 CT	<input checked="" type="checkbox"/> Add
		DAVIE, FL 33331	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOSE LUIS PEREZ-DURAN	15278 WILSHIRE CIRCLE S	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL 33027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

