120000214273

(Requestor's Name)
(Address)
(Address)
10: 10: - 7: 10!
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dasilless Lifety Hame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900352061519

09/14/20--01011--028 ++25.00



OCT 23 2020 S. YOUNG

COVER LETTER

Div	ision of Corp	porations		•
SUBJECT:		D 9410 LLC		•
SOBJECT.		Same of Lin	nied Liability Company	
The enclosed	f Articles of z	Amendment and fec(s) are sub	mitted for filing.	
Please returi	all correspor	ndence concerning this matter	to the following:	
		Nathalie Miranda		
			Name of Person	
		DADELAND 9410 LLC		
			Firm/Company	
		9760 EAST INDIGO STR	EET	
			Address	
		MIAMI, FL 33157		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	rication)
For further in	ntormation co	ncerning this matter, please ca	all:	
Nathalie Mir	randa		305 967-9734 at ()	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25,00 I	iling 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)
Mai	ling Address	<u>:</u>	Street Address:	

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

DADELAND 9410 LLC

company has been notified in writing of this change.

(<u>Name of the Lim</u>	ited Liability Compa (A Florida Limited	any as it now appears on a Liability Company)	ur records.)
The Articles of Organization for this Limited I Florida document number <u>L20000214273</u>			
This amendment is submitted to amend the fol			
A. If amending name, enter the new name of	of the limited liab	oility company here:	<u>.</u>
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli-	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our record	s, enter the name of the new registered
Name of New Registered Agent:	Nathalie Mirano	da	
New Registered Office Address:	13727 SW 152	STREET #233	
		Enter Florida str	eet address
	МІАМІ		Florida 33177 Zip Code
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registere provisions of all statutes relative to the prop			

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

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>	Type of Action
MGRM	Jesus Guerrero	13727 SW 152 STREET #233	□Add
		MIAMI, FL 33177	■Remove
			□Change
MGRM	Nathalie Miranda	13727 SW 152 STREET #233	= Add
		MIAMI. FL 33177	□Remove
			□ Change
			Remove
			☐Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			[L]Change
			□ Add
			Remove
			□Change

Note:	tive date, if other than the date of filing:
f the reco ecord is f	rd 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 iled.
	September 9th
Dated	

Typed or printed name of signee