

10/8/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000351711 3)))



H200003517113ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : RAUL VALDES-FAULI, P.A.
Account Number : I20180000021
Phone : (786)870-5083
Fax Number : (786)907-4006

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

Email Address: VLAGANA@RVF-LAW.COM

SECRETARY OF STATE
TALLAHASSEE, FL

2020 OCT -8 AM 10:20

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MILLECENTO 3502 LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 09 2020

FAX AUDIT #H20000351711 3

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: MILLECENTO 3502 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:

VANESSA LAGANA

Name of Person

RAUL VALDES-FAULI, P.A.

Firm/Company

355 ALHAMBRA CIRCLE, SUITE 1205

Address

CORAL GABLES, FL 33134

City/State and Zip Code

VLAGANA@RVF-LAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VANESSA LAGANA

at 786 870-5083

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

FAX AUDIT #H20000351711 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAX AUDIT #H20000351711 3

MILLECENTO 3502 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 08/26/2020 and assigned
Florida document number L20000265295.

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**)

355 ALHAMBRA CIRCLE

SUITE 1205

CORAL GABLES, FL 33134

Enter new mailing address, if applicable:

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

355 ALHAMBRA CIRCLE

SUITE 1205

CORAL GABLES, FL 33134

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: PREMIER REGISTERED AGENT INC.

New Registered Office Address: 355 ALHAMBRA CIRCLE, SUITE 1205

Enter Florida street address

CORAL GABLES, Florida 33134

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.

(Signature)
If Changing Registered Agent, Signature of New Registered Agent

FAX AUDIT #H20000351711 3

FAX AUDIT #H200003517113

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	Tango Management Services LLC	21209 NE 38th Ave.	<input type="checkbox"/> Add
		Aventura, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VANESSA LAGANA	C/O 355 ALHAMBRA CIRCLE	<input checked="" type="checkbox"/> Add
		SUITE 1205	<input type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<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

2020 OCT -8 AM 10:29
FILED
CLERK OF STATE
TALLAHASSEE FL

FILED

FAX AUDIT #H200003517113

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

THE
FEDERAL
BUREAU OF
INVESTIGATION

2020 OCT -8 AM 10:20
STOCKPORT YOUTH CENTER
ALL AMMUNITION, FL

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 OCTOBER 8

Signature of a member or authorized representative of a member

RAUL J. VALDES-FAULI, AUTHORIZED REPRESENTATIVE OF THE MEMBER

Typed or printed name of signee

FAX AUDIT #H20000351711 3