

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LAMADRID FINANCIAL SERVICES CORP
Account Number : I20280000059
Phone : (954)727-9771
Fax Number : (954)727-9773

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

Email Address: diana@lamadridfinancial.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EMPTRANS 17 LLC

Certificate of Status	1
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October 20, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPTRANS 17 LLC
8000 NW 25 ST
300
DORAL, FL 33122

SUBJECT: EMPTRANS 17 LLC
REF: L20000348238

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

You must provide a date in which the articles were signed.

If you have any further questions concerning your document, please call (850) 245-6939.

Jalesa S Dennis
Regulatory Specialist III
Internet Support

FAX Aud. #: H22000358751
Letter Number: 622A00023553

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMPTRANS 17 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:

JORGE SAKAL

Name of Person

EMPTRANS 17 LLC

Firm/Company

7205 NW 102ND PL

Address

DORAL, FL 33178

City/State and Zip Code

jorgesakal7@gmail.com

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

For further information concerning this matter, please call:

JORGE SAKAL

786
at ()

740-6715

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMPTRANS 17 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 11/03/2020 and assigned
Florida document number L20000348238.

This amendment is submitted to amend the following:

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

DECORACIONES CASABELLA S.A. 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:

N/A

(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:

LAMADRID FINANCIAL SERVICES CORP

New Registered Office Address:

1265 S PINE ISLAND RD

Enter Florida street address

PLANTATION

City

Florida

33324

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

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<H22000358751 3>

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>
N/A			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
N/A			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

E. Effective date, if other than the date of filing: 10/19/2022 (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)
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.

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.

Dated _____

Jorge Sokol

Signature of a member or authorized representative of a member

JORGE SAKAL

Typed or printed name of signee

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Filing Fee: \$25.00