

L2100009493

Florida Department of State
Division of Corporations
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To:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SAN LAZARO DE MAYABEQUE 17 MISCELLANEOUS TRAVEL

A

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COVER LETTER

**TO: Registration Section
Division of Corporations**

EL SAN LAZARO DE MAYABEQUE 17 MISCELLANEOUS TRAVEL AGENCY LLC

SUBJECT: _____
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:

DOLANY'S PRUDENCIO MICHEL

Name of Person
EL SAN LAZARO DE MAYABEQUE 17 MISCELLANEOUS TRAVEL AGENCY LLC

Firm/Company
9910 NW 27 AVE BAJOS

Address
MIAMI FL 33147

City/State and Zip Code
avtaxsmart@gmail.com

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

For further information concerning this matter, please call:

DOLANY'S PRUDENCIO MICHEL

786

991-8130

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
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☒ \$55.00 Filing Fee &
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(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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EL SAN LAZARO DE MAYABEQUE 17 MISCELLANEOUS TRAVEL AGENCY 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 12/31/2020 and assigned
Florida document number L21000009493.

This amendment is submitted to amend the following:

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

EL SAN LAZARO DE MAYABEQUE 17 MISCELLANEOUS 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:

N/A

(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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

, Florida

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

AMBR = Authorized Member

[illegible]

N/A

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

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 MARCH 6, 2022

DOLANYS PRUDENCIO MICHEL

Filing Fee: \$25.00