## LZI 000057458

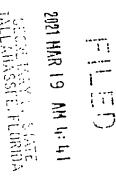
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## **COVER LETTER**

TO:

	gistration Se vision of Cor				
SUBJECT:	CIUDAD V	ENEZIA, LLC.			
SUBJECT		Name of Lim	ited Liability Company	<del>.</del>	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	indence concerning this matter	to the following:		
		ESTEBAN MONTERO			
Name of Person					
		CIUDAD VENEZIA, LLC	•		
Firm/Company					
		1959 NE 181TH STREET			
Address					
		NORTH MIAMI BEACH,	FL 33162		
			City/State and Zip Code		
		CO604@@BELLSOUTH.N			
		E-mail address: (	to be used for future annual report notif	ication)	
For further	information c	oncerning this matter, please ca	all:		
ESTEBAN MONTERO		786 380-7447			
	Name o	f Person	Area Code Duytimo	· Telephone Number	
Enclosed is	a check for th	ne following amount:			
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	ailing Addres	<del></del>	Street Address: Registration Sec	ction	
Registration Section Division of Corporations			_	Division of Corporations	
P.	O. Box 632	7	The Centre of T		
Ta	illahassee, I	FL 32314	2415 N. Monroe	Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CIUDAD VENEZIA, LLC.		
(Name of the Limited Liab) (A Flori	ility Company as it now appears on our record da Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Florida document number 1.21000057458	Company were filed on <u>02/02/2021</u> .	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	<b>702</b>
LA MINUTA VENEZIA, LLC.		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC"	or the abbreviation L.L.G.
Enter new principal offices address, if applicable:		\$\$\$ 6
Principal office address MUST BE A STREET ADD	ORESS)	
		07
		57 -
Enter new mailing address, if applicable:		·
Mailing address MAY BE A POST OFFICE BOX)		
	·	
B. If amending the registered agent and/or register agent and/or the new registered office address here		the name of the new registers
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres:	x
		•
	, Flo	orida

## 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 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>	Address	Type of Action
			□Remove
			□Change
			Add LL All Remove
			Remove.
			Remove.  19 Remove.  19 Remove.  19 Remove.  19 Remove.
			⊟Remove
		-	⊡Add
			□Remove
			□Change
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, if other than the date of filing:	(optional)	
e is listed, the date must be specific and cannot be prior to date of filing or more the inserted in this block does not meet the applicable statutory filing re	nan 90 days after filing.) Pursuant ( juirements, this date will not b	to 605.02 e listed
ective date on the Department of State's records.		
es a delayed effective date, but not an effective time, at 12:01 a.m. on t	e earlier of: (b) The 90th day	e after ti
18 2021		

Filing Fee: \$25.00

Typed or printed name of signee