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| PICK-UP                 | ☐ WAIT             | MAIL            |
|                         |                    |                 |
| (Bu                     | siness Entity Nan  | ne)             |
|                         |                    |                 |
| (Do                     | cument Number)     |                 |
|                         |                    |                 |
| Certified Copies        | _ Certificates     | of Status       |
|                         |                    |                 |
| Special Instructions to | Filing Officer     |                 |
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Office Use Only

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## **COVER LETTER**

| Div                | ision of Corp | oorations                                       |  |   |  |
|--------------------|---------------|---|--|---|--|
| SUBJECT:           |               | ST TER, LLC                                     |  |   |  |
|                    |               | Name of Lim                                     | ited Liability Company   | <del></del>   |  |
|                    |               |   |  |   |  |
| The enclosed       | Articles of A | Amendment and fee(s) are sub                    | mitted for filing.   |   |  |
| Please return      | all correspor | ndence concerning this matter                   | to the following:  |   |  |
|                    |               | Susclin Tamayo                                  |  |   |  |
|                    |               | <del></del>                                     | Name of Person   |   |  |
|                    |               |   |  |   |  |
|                    |               |   | Firm/Company   | <del></del>   |  |
|                    |               | 891 SE 2 PL                                     |  |   |  |
|                    |               |   | Address  |   |  |
|                    |               | Hialeah, FL 33010                               |  |   |  |
|                    |               |   | City/State and Zip Code  |   |  |
|                    |               | SUSYLEO2005@YAHOO.                              |  |   |  |
|                    |               | E-mail address: (                               | to be used for future annual report noti                         | fication)   |  |
| For further in     | nformation co | oncerning this matter, please co                | all:   |   |  |
| SUSELIN T          | АМАҮО         |   | 786 712 1929<br>at ( )   |   |  |
|                    | Name of       | Person  | at ()<br>Area Code Daytim  | e Telephone Number  |  |
|                    |               |   |  |   |  |
| Enclosed is a      | check for the | e following amount:                             |  |   |  |
| <b>■</b> \$25.00 F | filing Fee    | ☐ \$30.00 Filing Fee &<br>Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60,00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |

**Registration Section** 

TO:

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



1429 NW 51ST TER, LLC

company has been notified in writing of this change.

2022 HAY 23 PH 1: 11

| (Name of the Limited Liability Compar<br>(A Florida Limited L  | v as it now appears on our r  | ecords.)                                  |
|--|-------------------------------|---|
| (A rionda Limitea L  | lability Company)             | TALL TOUR SERVICE                         |
| The Articles of Organization for this Limited Liability Company  | were filed on 02/26/2021      | and assigned                              |
| Florida document number L21000095097   |                               |   |
| This amendment is submitted to amend the following:  |                               |   |
| A. If amending name, enter the new name of the limited liabi   | lity company here:            |   |
| The new name must be distinguishable and contain the words "Limited Liabili  | ity Company." the designation | "LI.C" or the abbreviation "L.L.C."       |
| Enter new principal offices address, if applicable:  |                               |   |
| (Principal office address MUST BE A STREET ADDRESS)  |                               |   |
|  |                               |   |
|  |                               |   |
| Enter new mailing address, if applicable:  | ··                            |   |
| (Mailing address MAY BE A POST OFFICE BOX)   | <del></del> .                 |   |
|  |                               |   |
| B. If amending the registered agent and/or registered office a   | ddress on our records, e      | enter the <u>name of the new register</u> |
| agent and/or the new registered office address here:   |                               |   |
|  |                               |   |
| Name of New Registered Agent:  | <del></del>                   | <del> </del>                              |
| New Registered Office Address:   |                               |   |
|  | Enter Florida street o        | address                                   |
|  |                               | Florida Zip Code                          |
| · · · · · · · · · · · · · · · · · · ·  | City                          | Zip Code                                  |
| New Registered Agent's Signature, if changing Registered Agent:  |                               |   |
| I hereby accept the appointment as registered agent and agre<br>provisions of all statutes relative to the proper and complete p |                               |   |

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 |
|-----------------------|------------------------|-------------------|----------------|
| Member Leonardo Asenc | Leonardo Asencio Llaca | 891 SE 2 PL       |                |
|                       |                        | Hialeah, FL 33010 | i<br>■Remove   |
|                       |                        |                   | ☐ Change       |
|                       | <del></del>            |                   | □ Add          |
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|                       |                        |                   | T.a.           |

| ffective date, if other than the date of filing:    OS/12/2022   |                    |   |
|--|--------------------|---|
| In 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 tote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records.  The effective date on the Department of State's records.  The 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 distribution.  The specifies and delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the distribution.  Signature of a figure of a figure of a member  |                    |   |
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| 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 1 is filed.  Dated May 12  Signature of a filember or authorized representative of a member  | <u>lote:</u> If th | ate, if other than the date of filing:  |
| Pated May 12 2022 Signature of a number of authorized representative of a member   |                    |   |
| Signature of a recember or authorized representative of a member   |                    | cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| J  | ated               | 12 2022<br>A  |
| J  |                    | Shun-Jil  |
| Suselin Tamayo   |                    | Signature of a flember or authorized representative of a member   |
| •  | ,                  | J<br>Suselin Tamayo   |

Filing Fee: \$25.00