121000095440

(F	Requestor's Name)
<u> </u>	Address)
(A	Address)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(C	Pocument Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:

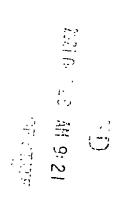
Office Use Only

A. RIVERS NOV 0 8 2021



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10/28/21--01026--004 **25.00



COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations		,	•	
SUBJECT:	FARMACL	A53, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing	
			_	
Please return	all correspo	ndence concerning this matter	to the following:	
		CLAUDIA SIERRA GRE	NIER	
			Name of Person	
		FARMACIA53, LLC		
			Firm/Company	
		5350 NW 84 AVE UNIT 1	705	
			Address	
		DORAL, FL 33166		
			City/State and Zip Code	
		CLAUDIAGRENIER03@C		
	_		to be used for future annual report no	otification)
For further inf	formation co	oncerning this matter, please co	all:	
CLAUDIA SI	IERRA GR	ENIER	786 3044375 at ()	
	Name of	Person		me Telephone Number
Enclosed is a	check for th	e following amount:		
章 \$25,00 Fi	ling 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)
	ing Addres		Street Address:	
	istration S	Section orporations	Registration S	
	Box 632		Division of Co The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FARMACIA53, LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company lorida document number L21000095440	were filed on 02/26/2021 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	pility company here:
ne new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	5350 NW 84 AVE
Principal office address MUST BE A STREET ADDRESS)	UNIT 1705
	DORAL, FL 33166
nter new mailing address, if applicable:	5350 NW 84 AVE
Mailing address MAY BE A POST OFFICE BOX)	UNIT 1705
	DORAL, FL 33166
. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new regist
	nc.i
New Registered Office Address:	Enter Florida street address C50
	City , Florida D Zin Code D
ew Registered Agent's Signature, if changing Registered Agent:	· 写 · 2

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	GUEVARA MAGGI, ALEJANDR	1621 BAY ROAD	□Add
		MIAMI BEACH, FL 33139	■Remove
			□Change
AMBR	QUESADA MYSHKINA, HUMBI	12 REDWOOD RUN TRAK	
		OCALA, FL 34472	■Remove
			□Change
AMBR	SIERRA PONCE, ISABELLA	5350 NW 84 AVE	= Add
		UNIT 1403	Remove
		DORAL, FL 33166	□Change
			□ Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			Change

Effective date, if other than the date of filing:							
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Effective date, if other than the date of filing:			· · · · · · · · · · · · · · · · · · ·				
Effective date, if other than the date of filing: (optional) (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 605.0 Mote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. 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 filed.							
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Dated OCTOBER 23 . 2021	e record specifies and is filed.	ı delayed effective dat	e, but not an effect	live time, at 12:01	a.m. on the earlier	of: (b) The 90th day	after the
	OCTOBER	. 23	2021	·			
1 /1				Ø V			
Signature of a member or authorized representative of a member		Sign	ature of a member or	authorized represe	ntative of a member	-	-

Filing Fee: \$25.00