

L21000107566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

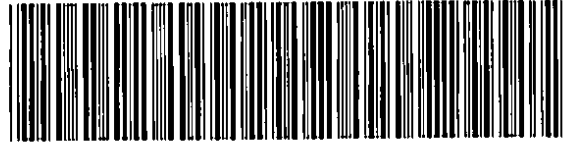
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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500368282395

RECEIVED
2021 JUL -9 AM 10:38
ALLIANCE, ALB...

Amend

FILED
2021 JUL -9 AM 10:12

JUL 13 2021
ALBRITTON

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 7/8/2021

****WALK IN****

ENTITY NAME 3515 POINCIANA, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 25.00

ACCOUNT # 120160000072

42:1 12/11

Please call Tina at the above number for any issues or concerns. Thank you so much!



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 12, 2021

SUNSHINE STATE

SUBJECT: 3515 POINCIANA, LLC
Ref. Number: L21000107566

CORRECTED
Please Allow For
Same File Date

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 221A00015835

2021 JUL 12 PM 3:38

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

3515 Poinciana, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2021 JUL -9 AM 10:12
FILED

The Articles of Organization for this Limited Liability Company were filed on 03/05/2021 and assigned
Florida document number L21000107566

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

4419 South Dixie Highway
#384
Miami, FL 33143

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4419 South Dixie Highway
#384
Miami, FL 33143

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:

Rene Brillembourg

New Registered Office Address:

4419 South Dixie Hwy #384

Enter Florida street address

Miami

City

Florida

33143

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

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>
Mgr	Rene Brillemburg	1619 S. Dixie Hwy	<input checked="" type="checkbox"/> Add
		# 384	<input type="checkbox"/> Remove
		Miami, FI 33143	<input type="checkbox"/> Change
Mgr	Jose R. Boschetti Jr.	4225 Ponce de Leon Blvd	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		Coral Gables, FI 33146	<input type="checkbox"/> Change
Mgr	Silva Boschetti	4225 Ponce de Leon	<input type="checkbox"/> Add
		Bld	<input checked="" type="checkbox"/> Remove
		Coral Gables, FI 33146	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

July 1, 2021

Signature of a member or authorized representative of

Signature of a member or authorized representative of a member

Jose R. Buschetti, Jr
Typed or printed name of signee

Filing Fee: \$25.00