

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : BARINAS & ASSOCIATES INC.  
Account Number : 120000000082  
Phone : (305)871-0889  
Fax Number : (305)870-9623

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**2824 SW 33 RD TERRACE LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 07      |
| Estimated Charge      | \$25.00 |

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**A. RAMSEY**  
Help

**OCT 28 2021**

**FILED**

**2021 OCT 28 AM 10:19**

**STATE OF FLORIDA  
DIVISION OF CORPORATIONS**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 2824 SW 33 RD TERRACE LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

YANELLE M BARINAS

Name of Person

BARINAS & ASSOCIATES, INC.

Firm/Company

5701 NW 36 ST

Address

VIRGINIA GARDENS, FL 33166

City/State and Zip Code

BARINASB@GMAIL.COM

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

For further information concerning this matter, please call:

YANELLE M BARINAS

Name of Person

305

871-0889

at ( )

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(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/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2021 OCT 28 AM 10:19  
SECRETARY OF STATE  
ALLIANCE FLORIDA

2824 SW 33 RD TERRACE 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 03/09/2021 and assigned  
Florida document number 121000113206

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)

Enter new mailing address, if applicable:

(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:

DIEGO ROJAS

New Registered Office Address:

8258 W STATE RD # 81

Enter Florida street address

DAVIE

City

Florida 33324

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          | BORTZ, ELIAS E                 | 15435 SW 34 CT       | <input type="checkbox"/> Add               |
|              |                                | DAVIE, FL 33331      | <input checked="" type="checkbox"/> Remove |
|              |                                |                      | <input type="checkbox"/> Change            |
| MGR          | BORTZ, FABIAN F                | 15505 SW 34 CT       | <input type="checkbox"/> Add               |
|              |                                | DAVIE, FL 33324      | <input checked="" type="checkbox"/> Remove |
|              |                                |                      | <input type="checkbox"/> Change            |
| AMBR         | Cape Coral Investment Four LLC | 8258 W STATE RD # 84 | <input checked="" type="checkbox"/> Add    |
|              |                                | DAVIE, 33324         | <input type="checkbox"/> Remove            |
|              |                                |                      | <input type="checkbox"/> Change            |
| AMBR         | Diego Rojas                    | 8258 W STATE RD # 84 | <input checked="" type="checkbox"/> Add    |
|              |                                | DAVIE, 33324         | <input type="checkbox"/> Remove            |
|              |                                |                      | <input type="checkbox"/> Change            |
| AMBR         | CUCUS INVESTMENT LLC           | 8258 W STATE RD # 84 | <input checked="" type="checkbox"/> Add    |
|              |                                | DAVIE, 33324         | <input type="checkbox"/> Remove            |
|              |                                |                      | <input type="checkbox"/> Change            |
|              |                                |                      | <input type="checkbox"/> Add               |
|              |                                |                      | <input type="checkbox"/> Remove            |
|              |                                |                      | <input type="checkbox"/> Change            |

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

E. Effective date, if other than the date of filing: 10/28/2021

**\_ (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.

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.

Dated \_\_\_\_\_

Aug 14

Signature of a member or authorized representative of a member

DIEGO ROJAS

Typed or printed name of signee