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(Re	questor's Name)	
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SECRETERY OF STATE

COVER LETTER

SUBJECT:	losed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: Luis A Antiqua Made Name of Perso Firm/Company 2600 North East 22nd Street Address Pompano Beach Florida 33062 City/State and Zip Code Luis South FL a gmail.com E-mail address: (to be used for future annual report neglication) her information concerning this matter, please call: Luis Antiqua Name of Person at 954 Area Code Daytime Telephone Number			
The enclosed Articles of A	Amendment and fee(s) are subt	nitted for filing.		
Please return all correspor	ndence concerning this matter t	o the following:		
	Luis A	Antiqua N Name of Person	lade	
		Firm/Company		
	2600 No	rth East 22r	nd Street	
	Pompan	o Beach /	Florida 33062	2
	LUIS S	SOUTH FL @ 9 be used for future annual report notif	mail.com	
For further information co				
LUIS P	Intigua Person U	at (954) 86 Area Code Daytimo	Telephone Number	
Enclosed is a check for the	e 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 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

fiqua Estates

(A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000133069</u>	were filed on $10/28/2024$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilation. LUIS A Antiqua The new name must be distinguishable and contain the words "Limited Liabilation".	Made LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A ## \$
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	W/A TANKY OF STANKY OF STA
	20 20
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: LUIS	A Antiqua Made
New Registered Office Address: 26	OO NE ZZnd Street Enter Florida street address
Pom	pano Beach Florida 33062

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.

City

If Changing Registered Agent, Signatur & w Registered Agent

Zip Code

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
			□Add
			□Remove
			□ Change
			□∧dd
			□ Remove
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n effectiv ote: If th	date, if other than the date of filing:	207 as
ecord sp is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
ited	10/28 2024	
	Lusalitiqua	
	Signature of a member or authorized representative of a member	

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