

L210000219443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

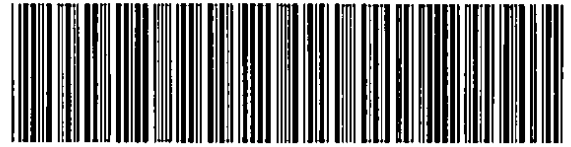
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J. HORNE
DEC 22 2021

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FILED
2021 DEC -7 PM 9:52
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 NOV -7 PM 12:04

November 12, 2021

AILED ALZUGARAY
16634 SW 50TH TER
MIAMI, FL 33185 US

SUBJECT: 1400 GREEN VALLEY CIR LLC
Ref. Number: L21000219443

We have received your document for 1400 GREEN VALLEY CIR LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 421A00027522

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 1400 GREEN VALLEY CIR LLC

Name of Limited Liability Company

2021 NOV -2 AM 7:58

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ailed Alzugaray

Name of Person

Firm/Company

16634 SW 50TH TER

Address

MIAMI FL 33185

City/State and Zip Code

AILEDMOR@GMAIL.COM

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

For further information concerning this matter, please call:

AILED ALZUGARAY

305 439-9977

at ()

Name of Person

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 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**

FILED

2021 DEC -7 PH 9: 51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

1400 GREEN VALLEY CIR 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 05/11/2021 and assigned
Florida document number L21000219443.

This amendment is submitted to amend the following:

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

AAAlz LLC

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City 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

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

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.

Dated 10/28, 2021

Typed or printed name of signee

Filing Fee: \$25.00