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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

July 19, 2021

JULIEN HACCOUN 1108 KANE CONCOURSE STE 309 BAY HARBOR ISLANDS, FL 33154

SUBJECT: NARANJA DEVELOPMENT, LLC

Ref. Number: L21000277110

We have received your document for NARANJA DEVELOPMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Letter Number: 221A00016625

Tekayla T Matthews OPS.

www.sunbiz.org

COVER LETTER

Div	ision of Corporations						
CUBILCT.	NARANJA DEVELOPMENT, LLC						
SUBJECT:	Name of Limited Liability Company						
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	ı all correspo	ndence concerning this matter	to the following:				
		JULIEN HACCOUN					
		Name of Person					
	MONCEAU REALTY, LLC						
			Mame of Limited Liability Company different and fee(s) are submitted for filing. de concerning this matter to the following: JLIEN HACCOUN Name of Person ONCEAU REALTY, LLC Firm/Company 08 KANE CONCOURSE - SUITE 309 Address AY HARBOR ISLANDS, FL, 33154 City/State and Zip Code @MONCEAUREALTY.COM E-mail address: (to be used for future annual report notification) ning this matter, please call: at (305				
	1108 KANE CONCOURSE - SUITE 309						
							
		BAY HARBOR ISLANDS, FL, 33154					
		JH@MONCEAUREALTY.COM E-mail address: (to be used for future annual report notification)					
For further i	nformation c	oncerning this matter, please ca	all:				
JULIEN HA	ACCOUN		305 450-1742				
	Name o	f Person	Area Code Daytii	me Telephone Number			
Enclosed is	a check for t	ne following amount:					
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy			
	illing Addres		Street Address: Registration S	ection			
		Section	Division of Co				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

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NARANJA DEVELOPMENT, 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 $\frac{06/14/2021}{1}$ _____ and assigned Florida document number $\underline{L21000277110}$ 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 "LLC." 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 __

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.

Cirv

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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	NARANJA DEVELOPMENT DE.	1108 KANE CONCOURSE - SUITE 309	⊡Add
		BAY HARBOR ISLANDS, FL 33154	■ Remove
			□Change
MGR	MONCEAU REALTY, LLC	1108 KANE CONCOURSE - SUITE 309	■Add
		BAY HARBOR ISLANDS, FL 33154	□ Remove
			□ Change
			□Add
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fective date, if other than the da	te of filing: (optional)	
in 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 does not meet the applicable statutory filing requirements, this date will not be	605.0207
cument's effective date on the Depa	rtment of State's records.	HSICU as
ecord specifies a delayed effective d	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day	after the
is filed.		
JUNE 15TH	· 2021	
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lted	nature of a member or authorized tepresentative of a member	-

Filing Fee: \$25.00