## 621000344227

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SECRETARY OF STATE



September 6, 2022

## VIA EXPRESS MAIL

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

RE: Articles of Amendment

Dear Sir or Madam,

Enclosed, please find our Amended Articles of Incorporation for our client, Laminati Hallandale, LLC. We have also enclosed a check in the amount of \$25.00 for the corresponding filing fee.

Should you need any additional information or documentation, please contact our offices. Thank you for your continued assistance.

Sincerely.

J. David Peña, I

Crystal Alonso:

Immigration Case Manager

## , COVER LETTER

TO:

ction porations					
allandale LLC					
SUBJECT: Name of Limited Liability Company					
Amendment and fee(s) are sub	mitted for filing.				
ndence concerning this matter	to the following:				
J. David Pena, Esq.					
	Name of Person				
J. David Pena, P.A.					
	Firm/Company	<del></del>			
201 Alhambra Circle, Suit	c 600				
	Address	<del></del> _			
Coral Gables, FL 33134					
	City/State and Zip Code				
dpena@pena.law					
		ification}			
oncerning this matter, please c	all:				
	305 350-6800				
F Person	Area Code Daytin	ne Telephone Number			
ne following amount:					
☐ \$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)			
	<u>Street Address:</u> Registration Se	ection			
Registration Section Division of Corporations		rporations			
	The Centre of 7				
	Amendment and fee(s) are sub- ndence concerning this matter  J. David Pena, Esq.  J. David Pena, P.A.  201 Alhambra Circle, Suit  Coral Gables, FL 33134  dpena@pena.law  E-mail address: ( oncerning this matter, please c  f Person  f Person  Section	Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  J. David Pena, Esq.  Name of Person  J. David Pena, Esq.  Firm/Company  201 Alhambra Circle, Suite 600  Address  Coral Gables, FL 33134  City/State and Zip Code dpena@pena.law  E-mail address: (to be used for future annual report not oncerning this matter, please call:  The following amount:  S30,00 Filing Fee & Certified Copy (additional copy is enclosed)  SEE  Section  Corporations  Presentation Section  Corporations  Presentation Section  Corporations  Corp			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAMANATI HALLANDALE LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000344227</u> .	were filed on 07/29/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	2317 SW 60th Way	
(Principal office address MUST BE A STREET ADDRESS)	Miramar, Florida 33023	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	13701 SW 143rd Court Unit 101	
	Miami, Florida 33186	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records, enter the nar	2022 SEP I SEORETAI
	Florida	9 A 8 O ASSI

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.

New Registered Agent's Signature, if changing Registered Agent:

City

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addedor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Gregory Mijares	2317 SW 60th Way	□Add
		Miramar, Florida 33023	□Remove
			≣Change
AMBR Healthymex Investments, LLC	Healthymex Investments, LLC	2317 SW 60th Way	<b>=</b> Add
		Miramar, Florida 33023	□Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

_	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	09/06/2022
(If an eff <u>Note:</u>	(optional) ective date, if other than the date of filing:  (optional) ective 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)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the recor	d 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 ed.
Dated	9/6 2022 Wy Du
	Signature of a member authorized representative of a member
	Gregory Loster Mijares Diaz
	Typed or printed name of signee

Filing Fee: \$25.00