

W21000400041

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

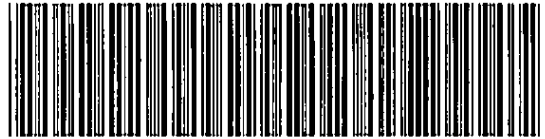
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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DEC 22 2022  
10:12

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AMAPOLA HOSPITALITY LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Valeria D. Larrea

Name of Person

AMAPOLA HOSPITALITY LLC

Firm/Company

17212 LEE RD

Address

FORT MYERS, FLORIDA 33967

City/State and Zip Code

vdlarrea@gmail.com

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

For further information concerning this matter, please call:

VALERIA D. LARREA

239 834-1067  
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

2011-02-22 11:11:22

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

AMAPOLA HOSPITALITY 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 09/09/2021 and assigned  
Florida document number L21000400041.

This amendment is submitted to amend the following:

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

N/A

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)

9902 Gulf Coast Main St Ste 10045

Fort Myers FL 33913

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

17212 LEE RD

FORT MYERS FL 33967

**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:

VALERIA D. LARREA

New Registered Office Address:

17212 LEE RD

*Enter Florida street address*

FORT MYERS

Florida 33967

*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.*

*Valeria Larrea*

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>
AMBR	Carlos Higuera	19600 Oak Forest Drive	<input type="checkbox"/> Add
		Fort Myers FL 33967	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Carla Alban	17212 Lee Rd	<input type="checkbox"/> Add
		Fort Myers FL 33967	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Carla Espinosa	28500 Alessandria Cir	<input checked="" type="checkbox"/> Add
		Bonita Spring FL 34135	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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7972-30-22 11:22

(If an 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 605.0207 (3)(b)

Dated 12/13, 2022

VALERIA D. LARREA

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Typed or printed name of signee

**Filing Fee: \$25.00**