## La1000535133

(Requestor's Name)  (Address)
(Address)
<u> </u>
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
'J. HORNE MAY - 7 2024
MAY - 7 2024
Office Use Only



700429193687

05/08/34~-01016--021 \*\*\_5.01

FILED 2024 HAY -6 AH 10: 38

RECEIVED
2024 MAY - 6 AN ID: 22

## **COVER LETTER**

TO:

Registration Section

Division of Co	orporations				
	AMARON LLC				
SUBJECT:	Name of Li	mited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
	ELVIS DE ALMADA				
	1	Name of Person			
	GRAN CAMARON LLC				
		Firm/Company			
	123 NE 48TH ST				
		Address	<del></del>		
	MIAMI, FL 33137				
		City/State and Zip Code			
	USTUEMPRESA@GMAI	L.COM to be used for future annual report it			
for further information c	concerning this matter, please o	·	outreation)		
ELVIS DE ALMADA		305 5606166			
Name of Person		at () Area Code Dayt	ime Telephone Number		
inclosed is a check for the	he 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)		
<u>Mailing Address:</u> Registration Section		Street Address: Registration S	ection		
Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee		
runanassee, rr. 52514		ETIJ IN, MIOHE	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

OF.

## GRAN CAMARON LLC

2024 MAY -6 AH 10:39 (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 Compan	v were filed on 12/21	/2021 and assign at
Florida document number 1.21000535133			and assigned
This amendment is submitted to amend the f			
A. If amending name, enter the new name	of the limited liat	Dility company here	•
NA			
he new name must be distinguishable and contain th	e words "Limited Liabi	ility Company." the desig	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if app		NA	
Principal office address MUST BE A STREET ADDRESS)		NA	
		NA	
Inter new mailing address, if applicable:		NA	
Mailing address MAY BE A POST OFFICE BOX)		NA	
		NA	
. If amending the registered agent and/or gent and/or the new registered office addr  Name of New Registered Agent:	registered office a ess here: ANNER MEDI		rds, <u>enter the name of the new regist</u> o
New Registered Office Address:	1530 SW 109TF	HAVE, APT 107	
		Enter Florida s	treet address
	PEMBROKE PI	INES	, Florida 33025
		City	Zıp 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. Thereby confirm that the limited liability company has been notified in writing of this change.

Anner Medina

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>	Type of Action
AMBR	ELVIS DE ALMADA	5252 NW 85TH AVE. APT 1107	□Add
		DORAL, FL 33166	
			□Change
MGR	ANNER MEDINA	1530 SW 109TH AVE, APT 107	<b>≡</b> Add
		PEMBROKE PINES, FL 33025	□Remove
			□Change
NA	NA	NA	□Add
		<del></del>	□Remove
			□Change
NA ———	NA ————————————————————————————————————	NA	🗆 Add
			□Remove
XI 4			□Change
NA 	NA	NA —	
			□Remove
			□Change
SA 	NA	NA -	
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) NAE. Effective date, if other than the date of filing:  $\stackrel{NA}{=}$ Effective date, if other than the date of filing: (Optional)
(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) 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. If the record 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 record is filed. Dated MAY 03 2024 Clvis de Almada Signature of a member or authorized representative of a member ELVIS DE ALMADA Typed or printed name of signee