

122000002450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

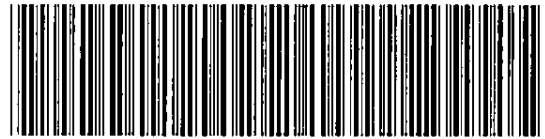
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100425213681

03/07/24--01008--006 \*\*25.00

FILED

2024 MAR -7 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JARDIN ALTAMAR 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:

FRANCISCO J GARCIA

Name of Person

JARDIN ALTAMAR LLC

Firm/Company

5850 SW 42ND TER

Address

MIAMI, FL 33155

City/State and Zip Code

USTUEMPRESA@GMAIL.COM

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

For further information concerning this matter, please call:

FRANCISCO J GARCIA

305 5606166  
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

2024 MAR 7 PM 2:10  
STATE OF FLORIDA  
TALLAHASSEE, FL

FILED

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

JARDIN ALTAMAR 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 12/23/2021 and assigned  
Florida document number L22000002450.

This amendment is submitted to amend the following:

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

NA

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 office address, if applicable:

NA

(Principal office address **MUST BE A STREET ADDRESS**)

NA

NA

Enter new mailing address, if applicable:

NA

(Mailing address **MAY BE A POST OFFICE BOX**)

NA

NA

**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:

DINA DE ORNELAS

New Registered Office Address:

5850 SW 42ND TER

Enter Florida street address

MIAMI

City

Florida 33155

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.*

*Dina de Ornelas*

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>
MGR	FRANCISCO J GARCIA	5850 SW 42ND TER	<input type="checkbox"/> Add
		MIAMI, FL 33155	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DINA DE ORNELAS	5850 SW 42ND TER	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33155	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIA GOUVEIA	5850 SW 42ND TER	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33155	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JUAN GOUVEIA	5850 SW 42ND TER	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33155	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
NA	NA	NA	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
NA	NA	NA	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 MAR -7 PM 2:15

FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

NA

FILED

2024 MAR -7 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: NA (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 FEBRUARY 27 2024

*Francisco Garcia*

Signature of a member or authorized representative of a member

FRANCISCO J GARCIA

Typed or printed name of signee