

122000005864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

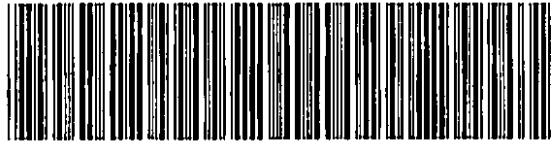
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800382736628

03/03/22--01010--007 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 MAR 29 PM 2:01

T. MATTHEWS

APR 13 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 MAR 29 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FL

March 10, 2022

ALEJANDRO SANTIAGO BALDWIN LLERENA
11314 BRITHON DR
ORLANDO, FL 32837

SUBJECT: EXECUTIVE AV LLC
Ref. Number: L22000005864

We have received your document for EXECUTIVE AV 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.

Tekayla T Matthews
OPS

Letter Number: 422A00005780

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXECUTIVE AV, 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:

ALEJANDRO SANTIAGO BALDWIN LLERENA
Name of Person

EXECUTIVE AV, LLC
Firm/Company

11314 BRITHON DR
Address

ORLANDO, FL 32837
City/State and Zip Code

ALEJANDRO@EXECUTIVEAV.LLC
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEJANDRO SANTIAGO

BALDWIN LLERENA

Name of Person

at (786)

Area Code

776-7600

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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

EXECUTIVE AV, LLC

22 MAR 29 PM 2:01

(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 11/28/2021 and assigned Florida document number L22000005864.

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 "L.L.C."

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

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.

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

[illegible]

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

Amending the Name for the AMBR in your records under
"ALEJANDRO SANTIAGO BALDWIN" to
"ALEJANDRO SANTIAGO BALDWIN LLERENA" and his
address from "626 RETUNDA PKWY W, CAPE CORAL, FL 33904 UN"
to "11314 BRITHON DR, ORLANDO, FL 32837"

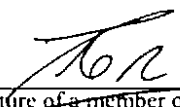
E. Effective date, if other than the date of filing: _____ (optional)

(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 _____



Signature of a member or authorized representative of a member

ALEJANDRO SANTIAGO BALDWIN LLERENA
Typed or printed name of signee