

L22 00013933  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : ROLAND SANCHEZ-MEDINA JR.,P.A.  
Account Number : I20030000135  
Phone : (305)377-1000  
Fax Number : (855)327-0391

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address : roland@smgqlaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
2400 TAMPA, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

2022 MAR 23 PM 12:19

APPROVED AND FILED  
2022 MAR 23 AM 9:11

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### COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 2400 TAMPA, 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:

ROLAND SANCHEZ-MEDINA, JR.  
Name of Person

SMGQ LAW  
Firm/Company

1200 BRICKELL AVENUE, SUITE 950  
Address

MIAMI, FLORIDA 33134  
City/State and Zip Code

roland@smgqlaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROLAND SANCHEZ-MEDINA, JR. at (305) 377-1000  
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

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

2400 TAMPA, 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 JANUARY 12, 2022 and assigned Florida document number L22000013933.

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*

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**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**

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

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ANDRES ABAD	10360 NW 53RD STREET	<input type="checkbox"/> Add
		SUNRISE, FLORIDA 33351	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JUAN J. MOLINA	10360 NW 53RD STREET	<input type="checkbox"/> Add
		SUNRISE, FLORIDA 33351	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHARLESTON PROPERTY MANAGEMENT, LLC	10360 NW 53RD STREET	<input checked="" type="checkbox"/> Add
		SUNRISE, FLORIDA 33351	<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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