122000020550

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
PICK-OP WAII MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300380788763

01/31/22--01010--011 **25.00

TOTAL STATE OF THE STATE OF THE

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Corp	orations		,
eup wer	Ciudad de la	Furia Properties LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	f Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Maria Veronica Martinez		
			Name of Person	
		Ciudad de la Furia Propert	ies LLC	
			Firm/Company	
		325 S Biscayne Blvd, unit	1714	
			Address	
		Miami/Florida/33131		
			City/State and Zip Code	
		ciudaddelafuriaproperties@		
		E-mail address; (to be used for future annual repor	t notification)
For further in	nformation co	ncerning this matter, please ca	all:	Fig. 5
Maria Veron	nica Martinez		+1 786-503	-2472 2073 2073 2073 2073 2073 2073 2073 2073 2073 2073 2074
	Name of	Person		r notification) 202 202 203 20472 Avrime Telephone Number 203 204 205 207 207 208 208 208 208 208 208
Enclosed is a	check for the	tollowing amount:		\ \(\int_{10} \) \(\int_{10} \)
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Address		Street Addres	
Registration Section Division of Corporations		Registration Section Division of Corporations		
	D. Box 6327	-		of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ciudad de la Furia Properties LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	MARIA VERONICA MAR 325 S. BISCAYNE BLVD U	TINEZ	egiste				
agent and/or the new registered office addr Name of New Registered Agent:	MARIA VERONICA MAR 325 S. BISCAYNE BLVD U	TINEZ UNIT 1714	egiste				
agent and/or the new registered office addr	ress here:		egiste				
		our records, <u>enter the name of the new r</u>	<u>egiste</u>				
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 Apont: MARIA VERONICA MARTINEZ							
	<u> </u>						
(Principal office address MUST BE A STRE	EET ADDRESS)						
Enter new principal offices address, if appl	icable:						
The new name must be distinguishable and contain the	words "Limited Liability Company,	"the designation "L.L.C" or the abbreviation "L.L.C					
A. If amending name, enter the new name	of the limited liability compa	nny here:					
This amendment is submitted to amend the fo	llowing:						
Florida document number L22000020550	·	on 01/11/2022 and assign	_				

New Registered Agent's Signature, il 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

<u>Title</u>	Name	Address	Type of Action
AMBR	LUCIANO CASTRO	325 S. BISCAYNE BLVD UNIT 1714	= Add
•			□Remove
			Change
			□ Remove
			□Change
	-		🗆 Add
			□Remove
			□ Change
			🗀 Add
			□ Remove
			□Change
	<u></u> .		□Add
			□Remove
			Change
			□Add
			□Remove

Add EIN: 87-4621704		-
		-
		-
		_
		-
	****	-
		-
		-
		-
		-
		-
		•
		-
		-
ctive date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and car	annot be prior to date of filing or more than 90 days after filing.) Pursuant to 605	5.020
e: If the date inserted in this block does not mee ament's effective date on the Department of State	et the applicable statutory filing requirements, this date will not be list	ted a
or such	ie a records.	
ord specifies a delayed effective date, but not an	n effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	e the
filed.	refreetive time, at 12.07 a.m. of the carrier of. (b) The 70th day and	1 (110
pd JANUARY 2	2022	
	A ()	
	1 / 10 college news	
F	mber of authorized representative of a merubar	

Typed or printed name of signee