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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

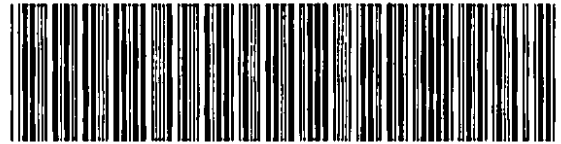
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22 SEP 26 PM 12:56  
DIVISION OF CORPORATIONS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ISLA LINDA 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:

LUAR CUELLAR LEON

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

9000 SW 64TH ST

\_\_\_\_\_  
Address

MIAMI FL 33173

\_\_\_\_\_  
City/State and Zip Code

jorge.caro56@yahoo.com

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

For further information concerning this matter, please call:

LUAR CUELLAR LEON

786 352-3962  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

22 SEP 26 PM 12:56  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

ISLA LINDA 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 02/01/2022 and assigned Florida document number 1.22000053520.

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)

1298 CAPRI CIR

LABELLE FL US 33935

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1298 CAPRI CIR

LABELLE FL US 33935

**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

City

Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	LISY MARRERO CASTRO	9000 SW 64TH ST MIAMI FL 33173	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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22 SEP 2016 PM 2:57  
SECTION OF COURT REPORTING

22 SEP 26 PM 12:55

22 SEP 26 PM 12:57

(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 SEPTEMBER 16, 2022

Signature of a member or authorized representative of a member

LUAR CUELLAR LEON

Typed or printed name of signee

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L22000053520  
FILED 8:00 AM  
February 01, 2022  
Sec. Of State  
cmwood

**Article I**

The name of the Limited Liability Company is:

ISLA LINDA LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

9000 SW 64TH ST  
MIAMI, FL. US 33173

The mailing address of the Limited Liability Company is:

9000 SW 64TH ST  
MIAMI, FL. US 33173

**Article III**

Other provisions, if any:

TRAVEL AGENCY

**Article IV**

The name and Florida street address of the registered agent is:

LISY MARRERO CASTRO  
9000 SW 64TH ST  
MIAMI, FL. 33173

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: LISY MARRERO CASTRO

### **Article V**

The name and address of person(s) authorized to manage LLC:

Title: AMBR  
LISY MARRERO CASTRO  
9000 SW 64TH ST  
MIAMI, FL. 33173 US

Title: AMBR  
LUAR CUELLAR LEON  
9000 SW 64TH ST  
MIAMI, FL. 33173 US

L22000053520  
FILED 8:00 AM  
February 01, 2022  
Sec. Of State  
cmwood

### **Article VI**

The effective date for this Limited Liability Company shall be:

01/31/2022

Signature of member or an authorized representative

Electronic Signature: LISY MARRERO CASTRO

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.