

L220000 69555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

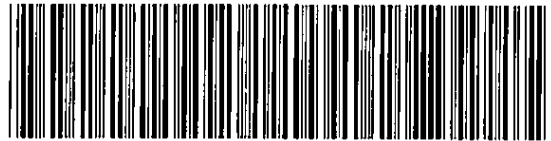
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000429326160

05/16/14 -01001- -015 **01.00

FILED
2024 MAY 16 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CLIFFORD ESTATE 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:

Yanet Comesanas
Name of Person
VGX (US) LLC
Firm/Company
2020 Ponce de Leon, Suite 904
Address
Coral Gables, FL 33134
City/State and Zip Code
yanetc@vivancoyvivanco.com
E-mail address: (to be used for future annual report notification)

FILED
2024 MAY 16 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Yanet Comesanas 786 471-4655
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

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

RESOLUTION OF THE MANAGER

OF

CLIFFORD ESTATE LLC

In accordance with the rules governing **CLIFFORD ESTATE LLC** (the "LLC"), a Limited Liability Company registered on February 10th, 2022, numbered L22000069555 under the laws of the State of Florida, I, **Juan Jose Valerio Alfaro**, acting as Director of **AVALON UNITED LLC**, in its capacity of Manager of **CLIFFORD ESTATE LLC** do hereby set down the following on record:

- I. To dismiss Cynthia Toro, of age, bearer of the American Passport No. 574170574, as the Corporate Secretary; Authorized Signed of the LLC, effectively on the date given below.
- II. To appoint Stephanie Ortiz, of age, bearer of the American ID No. 0632-780-95-682-0, as the new Corporate Secretary; Authorized Signed of the LLC, effectively on the date given below.
- III. To notify **AVALON INCORPORATORS LLC** of this Resolution, being the address of the Registered Agent 2020 Ponce de Leon Blvd., Suite 860, Coral Gables, FL 33134.

Issued and signed on April 30th, 2023.



Juan Jose Valerio Alfaro
Director
AVALON UNITED LLC
Manager
CLIFFORD ESTATE LLC

FILED
2023 MAY 16 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FL

Notice of Reception
Date: April 30th, 2023



By: **AVALON INCORPORATORS LLC**
Registered Agent
Juan Jose Valerio Alfaro
Director

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

CLIFFORD ESTATE 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 2/10/2022 and assigned
Florida document number L22000069555.

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 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>
Corporate	CYNTHIA TORO	2020 PONCE DE LEON, BLVD. SUITE 904	<input type="checkbox"/> Add
		CORAL GABLES, FL - 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Corporate	STEPHANIE ORTIZ	2020 PONCE DE LEON, BLVD. SUITE 904	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL - 33134	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2024 MAY 16 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FL

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

2024 MAY 16 AM 11
SECRETARY OF
TALLAHASSEE

SECRETARY OF STATE
TALLAHASSEE, FL
2024 MAY 16 AM 10:46

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 May 2nd, 2024



Signature of a member or authorized representative of a member

Juan Jose Valerio Alfaro

Typed or printed name of signee