

L220000095940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

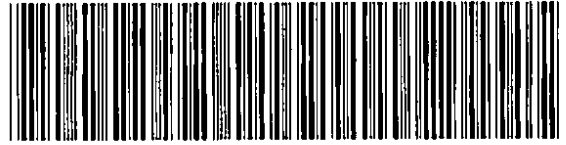
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/30/22--01005--022 **25.00

RECEIVED

2022 MAR 30 PM 2:32

CLERK OF SUPERIOR COURT
TALLAHASSEE, FL

Amend

FILED

2022 APR -1 AM 9:00

CLERK OF SUPERIOR COURT
TALLAHASSEE, FL

APR 04 2022
ALBRITTON

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PENINSULA 2 1105 LLC

Signature _____

Requested by: _____

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

_____ Art of Inc. File _____
_____ LTD Partnership File _____
_____ Foreign Corp. File _____
_____ L.C. File _____
_____ Fictitious Name File _____
_____ Trade/Service Mark _____
_____ Merger File _____
_____ Art. of Amend. File _____
_____ RA Resignation _____
_____ Dissolution / Withdrawal _____
_____ Annual Report / Reinstatement _____
_____ Cert. Copy _____
_____ Photo Copy _____
_____ Certificate of Good Standing _____
_____ Certificate of Status _____
_____ Certificate of Fictitious Name _____
_____ Corp Record Search _____
_____ Officer Search _____
_____ Fictitious Search _____
_____ Fictitious Owner Search _____
_____ Vehicle Search _____
_____ Driving Record _____
_____ UCC 1 or 3 File _____
_____ UCC 11 Search _____
_____ UCC 11 Retrieval _____
_____ Courier _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2022 APR -1 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 31, 2022

CAPITAL CONNECTION

SUBJECT: PENINSULA 2 1105 LLC
Ref. Number: L22000095940

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging.

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.

Irene Albritton
Regulatory Specialist III

Letter Number: 922A00007525

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PENINSULA 2 1105 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:

Paula Sborovsky

Name of Person

Firm/Company

3201 NE 183RD STREET, APT. #1907

Address

AVENTURA, FL 33160

City/State and Zip Code

paula.sborovsky@gmail.com

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

For further information concerning this matter, please call:

Paula Sborovsky

305

785-8658

at (_____) _____

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

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

PENINSULA 2 1105 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 02/23/2022 and assigned
Florida document number L22000095940.

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR / MGR	PAULA SBOROVSKY	3201 NE 183RD STREET, APT 1907	<input type="checkbox"/> Add
		AVENTURA, FL 33160	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR / MGR	JAVIER B ALVAREZ WROBEL	Esteban Arce 555 3 E	<input type="checkbox"/> Add
		Buenos Aires, Argentina, C1426BSG	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Maria Cristina Profeta	Tronador 2226	<input checked="" type="checkbox"/> Add
		Buenos Aires, Argentina, C1426BSG	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jorge Cristian Polini	18683 Collins Avenue, Apt 1402	<input checked="" type="checkbox"/> Add
		Sunny Isles, FL, 33160	<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

[illegible]

(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)

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.

Javier Alvarez (Mar 31, 2022 19:41 EDT)

Typed or printed name of signer

Filing Fee: \$25.00