

L220000124874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

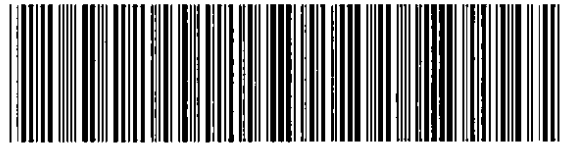
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2022 APR 13 PM 2:30

CLERK OF STATE  
TALLAHASSEE, FL 091

FILED

2022 APR 13 AM 10:11

CLERK OF STATE  
TALLAHASSEE, FL

Amend

APR 14 2022  
ALBRITTON

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 4/13 DANNY

**XX CERTIFIED COPY**

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**LLC AMEND**

**1. NUEVO HORIZONTE 1010 LLC**

(CORPORATE NAME AND DOCUMENT #)

**2.**  
(CORPORATE NAME AND DOCUMENT #)

**3.**  
(CORPORATE NAME AND DOCUMENT #)

**4.**  
(CORPORATE NAME AND DOCUMENT #)

**5.**  
(CORPORATE NAME AND DOCUMENT #)

**6.**  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Nuevo Horizonte 1010 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:

Cesar Gomez

Name of Person

Cesar Gomez P.A.

Firm/Company

328 Crandon Blvd. Unit 212

Address

Key Biscayne Florida 33149

City/State and Zip Code

Cesar@Cgomezlaw.com

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

For further information concerning this matter, please call:

Cesar Gomez

at ( 305 ) 361-0105

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

FILED  
2022 APR 13 AM 10:11  
U.S. DISTRICT COURT  
DISTRICT OF COLUMBIA  
and assigned

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

**This amendment is submitted to amend the following:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Key Biscayne FL 33149

Key Biscayne Fl 33149

\_\_\_\_\_, **Florida** \_\_\_\_\_  
*City* *Zip Code*

**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>
MGR	Javier M. Bisbal Caceres	177 Ocean Ln Dr. Unit 1115 Key Biscayne Fl 33149	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Antonio Javier M. Bisbal Caceres	177 Ocean Ln Dr Unit 1115 Key Biscyne Fl 33149	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SOUTH FLORIDA  
STATE

[illegible]

**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.

Dated April 13, 2022

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**