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TALLAHASSEE, FL

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 7271 NW 174 Terrace 207, 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:

Anthony Dieguez, Esq.

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

Dieguez & Associates, PLLC

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

7950 NW 155 Street Suite 207

\_\_\_\_\_  
Address

Miami Lakes, FL 33016

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

anthony@dieguezlaw.com

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

For further information concerning this matter, please call:

Anthony Dieguez

305 556-4106

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

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

7271 NW 174 Terrace 207, 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 March 23, 2022 and assigned  
Florida document number L22000143341.

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:

Lisett Gacet

New Registered Office Address:

8936 NW 176 Lane

Enter Florida street address

Hialeah

Florida

33018

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.

*Lisett Gacet*

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2022 SEP - 6 PM 5:50  
SECRETARY OF STATE  
TALLAHASSEE, FL

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>                      |
|--------------|--------------|-------------------|--|
| PSVT         | Boris Gacet  | 8936 NW 176 Lane  | <input type="checkbox"/> Add               |
|              |              | Hialeah, FL 33018 | <input checked="" type="checkbox"/> Remove |
|              |              |                   | <input type="checkbox"/> Change            |
| MGR          | Lisett Gacet | 8936 NW 176 Lane  | <input checked="" type="checkbox"/> Add    |
|              |              | Hialeah, FL 33018 | <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            |
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|              |              |                   | <input type="checkbox"/> Remove            |
|              |              |                   | <input type="checkbox"/> Change            |
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|              |              |                   | <input type="checkbox"/> Remove            |
|              |              |                   | <input type="checkbox"/> Change            |

This image shows a single page from a notebook or ledger. It features approximately 20 evenly spaced horizontal black lines across its entire width. The lines are thin and uniform, providing a guide for writing. There is no handwriting, printed text, or other markings on the page.

**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 8/23/2022, \_\_\_\_\_

Lisett Gacet

*Risell Baer*  
typed or printed name of signee