

5/10/22, 3:57 PM

Division of Corporations

(((H22000168096 3)))

L22000151046

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000168096 3)))



H220001680963ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : TAXCARE SOUTH MIAMI  
Account Number : I20210000129  
Phone : (786)647-5866  
Fax Number : (786)465-2822

2022 MAY 10 PM 4:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: corina.smith@taxcareinc.com

2022 MAY 10 PM 4:12

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TERRACCOTTA BY ALEXANDRA ASIN LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H22000168096 3)))

K. SALY

MAY 12 2022

## COVER LETTER

((H22000168096 3)))

TO: Registration Section  
Division of Corporations

SUBJECT: TERRACCOTTA BY ALEXANDRA ASIN 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:

CORINA A. SMITH PARRA

Name of Person

TANCARE SOUTH MIAMI

Firm/Company

1400 NW 107TH AVE STE 203

Address

MIAMI, FL 33172

City/State and Zip Code

CORINA.SMITH@TANCAREINC.COM

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

For further information concerning this matter, please call.

CORINA A. SMITH

786 647-5866  
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

((H22000168096 3)))

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

(((H22000168096 3)))

TERRACCOTTA BY ALEXANDRA ASIN 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 03/29/2022 and assigned  
Florida document number L22000151046.

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

(((H22000168096 3)))

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

((H22000168096 3)))

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RINCONES ALFONZO, CESAR A	AV. TEHERAN CON CALLE LA HOYADA	<input type="checkbox"/> Add
		EDIF TIMO	<input checked="" type="checkbox"/> Remove
		CARACAS, MI 1020 VE	<input type="checkbox"/> Change
MGR	ASIN ARRIETA, ALEXANDRA	AV. LECUNA SUR 1, SANTA ROSALIA	<input type="checkbox"/> Add
		EDIF MAMP	<input checked="" type="checkbox"/> Remove
		CARACAS, MI 1020 VE	<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

2022 MAY 10 PM 4:03  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA

FILED

((H22000168096 3)))

