

**L22000970513**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : FOREING SOLUTION  
Account Number : 120200000036  
Phone : (786)599-4140  
Fax Number : (954)827-2771

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SALINAS PROP LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$30.00 |

2023 MAR 16 PM 2:06

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**T. LEMIEUX**  
**MAR 16 2023**

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SALINAS PROP 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

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

Foreign Solution 2.0 LLC

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

7300 W McNab Road, Suite 220

\_\_\_\_\_  
Address

Tamarac, FL 33321

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

Lazka@foreignsolution.com

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

For further information concerning this matter, please call

Adolfo Gargiulo

754 234-8689

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

SALINAS PROP 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 06/14/2022 and assigned  
Florida document number L22000270513.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

JIREH DORF LLC

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:

Foreign Solution 2.0 LLC

New Registered Office Address:

2200 N. Commerce Parkway, Suite 200

*Enter Florida street address*

Weston

Florida 33326

*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>                      |
|--------------|-------------------|------------------------------|--------------------------------------------|
| MGR          | Adolfo Gargiulo   | 7300 W McNab Road, Suite 220 | <input type="checkbox"/> Add               |
|              |                   | Tamarac FL 33321             | <input checked="" type="checkbox"/> Remove |
|              |                   |                              | <input type="checkbox"/> Change            |
| MGR          | Llegar Lejos, LLC | 7300 W McNab Road, Suite 220 | <input checked="" type="checkbox"/> Add    |
|              |                   | Tamarac FL 33321             | <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"/> Add               |
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|              |                   |                              | <input type="checkbox"/> Change            |
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|              |                   |                              | <input type="checkbox"/> Remove            |
|              |                   |                              | <input type="checkbox"/> Change            |

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**Filing Fee: \$25.00**