122000409183

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , , ,
PICK-UP WAIT MAIL
(Dusiness Estimates)
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Se Division of Cor			a).			
SUBJE		29TH ST 106 PINECREST FL	. 33156 LLC	,			
SUBJE		Name of Limited Liability Company					
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please re	eturn all correspo	indence concerning this matter	to the following:				
		MAURICIO SALMON					
			Name of Person				
			Firm/Company				
		9190 SW 61ST COURT					
			Address	<u> </u>			
		MIAMI FLORIDA 33156					
		MSa1005@aol.com	City/State and Zip Code				
		E-mail address: (to be used for future annual report noti	fication)			
For furth	ner information c	oncerning this matter, please c	all:				
Joanna S	Salmon		305 665-1083				
	Name o	f Person	at () Area Code Daytim 486 556 7039				
Enclosed	l is a check for th	ne following amount:	,				
■ \$25	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Addres Registration S		Street Address; Registration Sec	ction			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

8277 SW 129TH ST 106 PINECREST FL 33156 LLC

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

(A Flo	rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number 1.22000409183	y Company were filed on 09/19/2022	and assigned
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the l	imited liability company here:	
8277 SW 128TH ST 106 LLC		
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registe agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	ered office address on our records, ento	er the name of the new registered
New Registered Office Address.	Enter Florida street addi	ress
	City, 1	FloridaZip Code
New Registered Agent's Signature, if changing Registe	ered Agent:	
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	d complete performance of my duties, l agent as provided for in Chapter 605 ered office address, I hereby confirm (and I am familiar with and 5, F.S. Or, if this document is

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>	Address	Type of Action
			□Add
			□ Remove
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			□Change

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	11/14/2022
in the date inserted i	han the date of filing: (optional) date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) in this block does not meet the applicable statutory filing requirements, this date will not be listed as the on the Department of State's records.
the record specifies a delayed cord is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated November 14th	2022
	Signature of a member or authorized representative of a member
	. -

Filing Fee: \$25.00