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SECKETARY OF STATE
TALLAHASSEE FI

# **COVER LETTER**

TO:

TO:	Registration Se Division of Cor			
cito to		ND VENTURES, LLC		
SUBJE	U1:	Name of Lim	ited Liability Company	
The enc	losed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
			PATRICIA VALLEJO	
			Name of Person	
		PRO	CA LAND VENTURES, LLC	
			Firm/Company	<u>-</u>
		2990 PC	ONCE DE LEON BLVD., STE. 500	)
			Address	
		Co	ORAL GABLES, FL 33134	
		· · ·	City/State and Zip Code	···
			LEJO@AJPVENTURES.COM	
			to be used for future annual report noti-	fication)
For furtl	her information co	oncerning this matter, please c	all:	
PATR	ICIA VALLEJO		305 448-2330 at ()	
	Name o	Person	Ārea Code Daytim	e Telephone Number
Enclose	d is a check for th	ne following amount:		
<b>E</b> \$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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassec e Street, Suite 810

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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 "Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:	signed
Florida document number	signed
Florida document number	
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 "LEC" or the abb	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "Interest 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)	
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)	
(Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
(Mailing address MAY BE A POST OFFICE BOX)	272
(Mailing address MAY BE A POST OFFICE BOX)	<del></del> .
(Mailing address MAY BE A POST OFFICE BOX)  To or	
	, <u></u>
' <del></del>	<del>.</del>
B. If amending the registered agent and/or registered office address on our records, enter the name of the no agent and/or the new registered office address here:	w register
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address	
, Florida	

## 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 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
MGR	CARLOS DE MENA	2990 PONCE DE LEON BLVD. # 500	<b>=</b> Add
		CORAL GABLES, FL 33134	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
		·	☐ Change
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		<del> </del>	□Remove
			□Change
			□Add
			Remove
			□Change
			DAdd
			□Remove
			Change

. If amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note:	re date, if other than the date of filing:  (optional)  tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (and the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that is effective date on the Department of State's records.
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
rs	OCTOBER 21 2022
Dated _	
	Signature of a member or authorized representative of a member
	ALBERTO J. PEREZ
	Typed or printed name of signee

Filing Fee: \$25.00



Department of State / Division of Corporations / Search Records / Search by Entity Name /

# **Detail by Entity Name**

Florida Limited Liability Company PRCA LAND VENTURES, LLC

### Filing Information

**Document Number** 

L22000409841

FEI/EIN Number

NONE

Date Filed

09/20/2022

Effective Date

10/01/2022

State

FL

**Status** 

**ACTIVE** 

#### Principal Address

2990 PONCE DE LEON BLVD.

SUITE 500

CORAL GABLES, FL 33134

#### Mailing Address

2990 PONCE DE LEON BLVD.

SUITE 500

CORAL GABLES, FL 33134

## Registered Agent Name & Address

AJP MANAGEMENT GROUP, LLC 2990 PONCE DE LEON BLVD.

2990 FONCE DE LLON BLVD

SUITE 500

CORAL GABLES, FL 33134

#### Authorized Person(s) Detail

Name & Address

Title MGR

PEREZ, ALBERTO J 2990 PONCE DE LEON BLVD., SUITE 500 CORAL GABLES, FL 33134

Title MGR

PEREZ, JOSE G 2990 PONCE DE LEON BLVD., SUITE 500 CORAL GABLES, FL 33134

# Title MGR

DE CESPEDES, CARLOS 2990 PONCE DE LEON BLVD., SUITE 500 CORAL GABLES, FL 33134

## Annual Reports

No Annual Reports Filed

## **Document Images**

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