

10/27/22, 1:08 PM

Division of Corporations

Florida Department of State

**L22000368449324**

Division of Corporations  
Electronic Filing Cover Sheet

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((H22000368449 3)))



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To:

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

From:

Account Name : SOSME ACCOUNTING & TAX SERVICES LLC  
Account Number : 120200000102  
Phone : (954)998-1035  
Fax Number : (954)573-1480

**\*\*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  
PLAZA VERDE LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

2022 OCT 27 PM 1:25

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Corporate Filing Menu

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OCT 28 2022  
K. Brumbley

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PLAZA VERDE 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:

DIANA C MATTOS

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

PLAZA VERDE LLC

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

3356 NW 180ST AVE

\_\_\_\_\_  
Address

MIAMI GARDENS FL 33056

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

PLAZAVERDEUSA@GMAIL.COM

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

For further information concerning this matter, please call:

DIANA C MATTOS VASCONEZ

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

352 575-6877  
at (\_\_\_\_\_) \_\_\_\_\_  
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**

PLAZA VERDE 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 10/24/2022 and assigned  
Florida document number L22000458324

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:

3356 NW 180ST AVE

(Principal office address MUST BE A STREET ADDRESS)

MIAMI GARDENS FL 33056

Enter new mailing address, if applicable:

3356 NW 180ST AVE

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI GARDENS FL 33056

**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:

DIANA C MATOS VASCONEZ

New Registered Office Address:

3356 NW 180ST AVE

Enter Florida street address

MIAMI GARDENS

Florida

City

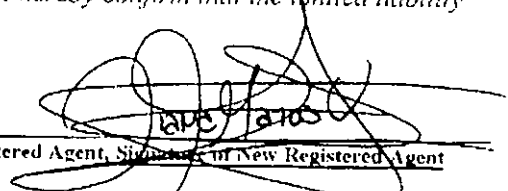
33056

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



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AND  
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CLERK OF THE  
SOLICITOR GENERAL'S  
OFFICE  
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>
MGR	DIANA C MATOS VASCONEZ	3356 NW 180ST AVE	<input type="checkbox"/> Add
		MIAMI GARDENS FL 33056	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	RODRIGO A CEDENO <b>BAHA MONDEZ</b>	3356 NW 180ST AVE	<input type="checkbox"/> Add
		MIAMI GARDENS FL 33056	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	SOLEDAD MATTOS	3356 NW 180ST AVE	<input checked="" type="checkbox"/> Add
		MIAMI GRADENS FL 33056	<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

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be "as soon as possible.")

(If an effective 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 (3)(b)

**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.

If the record 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 record is filed.

Dated OCTOBER 27

2022

~~Signature of a member or authorized representative of a member~~

DIANA C MATOS VASCONEZ

Typed or printed name of signee

**Filing Fee: \$25.00**