## 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.

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H220003955203ABC

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Doing so will generate another cover sheet.

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	To: Division of Corporations Fax Number : (850)617-6383			5
	From:  Account Name : SOSME ACCOUNTING & TA Account Number : I20200000102 Phone : (954)998-1035 Fax Number : (954)573-1480	AX SERVICES LLO	_	=
1.03	**Enter the email address for this business ent annual report mailings. Enter only one ema			
	LLC AMND/RESTATE/CORRECT O PLAZA VERDE LLC	R M/MG RE	SIGN	-
2022	Certificate of Status	0		
202	Certified Copy	0	NOV 15 2022	
	Page Count Estimated Charge	\$25.00	A. LUNT	
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Corporate Filing Menu

Electronic Filing Menu

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## **COVER LETTER**

то:	Registration So Division of Cor			
0111111		ERDE LLC		
SUBJE	CT:	Name of Line	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please i	euun all correspo	ondence concerning this matter	to the following.	
		DIANA C MATOS		
			Name of Person	
		PLAZA VERDETLIC		
			Firm/Company	<del></del>
		3356 NW 180TH ST AVE	;	
			Address	
		MIAMI GARDENS FL 3:	3056	
			City/State and Zip Code	
		PLAZAVERDEYSA@GM	AIL.COM to be used for future unnual report no	tification)
For furt	her information o	concerning this matter, please of		,
DIANA	A C MATOS VA	SCONEZ	352 575-6877	
	Name (	of Person	at ()	me Telephone Number
Enclose	d is a check for t	he following amount:		
€ \$25	6.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	[] \$55,00 Filing Fee & Certified Copy (additional copy is anclosed)	Certificate of Status & Certifical Copy (additional copy is enclosed)
	Mailing Addre Registration	Section	Street Address: Registration S	
	Division of C P.O. Box 632		Division of Co The Centre of	

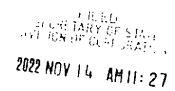
Tallahassee, FL 32314

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



PLAZA VERDE LLC			
(Name of the Limited Liability Company (A Florida Limited Liab	as It now app bility Compan	y)	
The Articles of Organization for this Limited Liability Company will Florida document number <u>L22000458324</u>	ere filed on	10/24/2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ty company	y here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," tl	he designation "LLC" or th	e 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)		111	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on ou	or records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
TOW TO GIANO CO. TOTAL OF STATE OF STAT	Enter	Florida street address	
		, Florida	Zip Code
	Chy		Ztp Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance ovided for i	e of my duties, and La in Chapter 605, F.S. (	m familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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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>	Name	Address	Type of Action
MGR	SOLEDAD MATTOS	3356 NW 180TH ST AVE	□Add
		MIAMI GARDENS FL 33056	■ Remove
			Change
			□Remove
			( <b>∑</b> Change
			□Add
			CRemove
			□Change
			□Add
			□Remove
			C!Change
			□Add
			□Remove
			[]Change
			[ ] Add
			□Remove
			□Change

). IT AM	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Zarz Nov
	<u>0</u>
	. 21
	<del></del>
Note:	ve date, if other than the date of filing:
the reco	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day after the ed.
cord is fi	

Filing Fee: \$25.00