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.

(((H22000415210 3)))



H220004152103ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JORGE L. GURTAN P.A.

Account Number : I20010000123 Phone : (305)931-0541 Fax Number : (305)931-0568

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

Email Address: JGURIAN@GURIANLAW.COM

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MABER 4612 LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

DEC 1 2 2022 A. LUNT

2022 DEC -9 AM 11:27

220年11月11日

退2015

**COVER LETTER** 

### To: +18506176383

TO: Registration S Division of Co			
MABER SUBJECT:	4612 LLC		
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JORGE L GURIAN, ESQ		
		Name of Person	<del></del> :
	JORGE L. GURIAN, P.A.		
		Firm/Company	
	2600 S DOUGLAS RD. S	TE 607	
		Address	<del></del>
	CORAL GABLES, FL 33	134	
		City/State and Zip Code	- <u></u> -
	JGURIAN@GURIANLAW		
	E-mail address: (	to be used for future annual report noti	fication)
For further information	concerning this matter, please c	ali:	
JORGE L. GURIAN, E	SQ.	305 931-0541	
Name (	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	S30.00 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 Addre Registration	Section	<u>Street Address:</u> Registration Sec	
Division of Corporations		Division of Cor	porations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 DEC -9 AM 11: 27

MABER 4612 LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	oany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L22000513640</u>	y were filed on DECEMBER 7, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	hility company hgre:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the al	bbreviation "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 agent and/or the new registered office address here:	address on our records, enter the nan	ne of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	Zin 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.

To: +18506176383

### 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	JORGE L. GURIAN	2600 S DOUGLAS RD, SUITE 607	□Add
		CORAL GABLES, Ft. 33134	■Remove
		····	□Change
MGR	VANESA SEIJAS	2600 S DOUGLAS RD, SUITE 607	<b>=</b> Add
		CORAL GABLES, FL 33134	□Remove
			□Change
			□Add
			LIRemove
			Change
			□Remove
			DChange
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			Change

Э

Typed or printed name of signee