

L2200053/697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

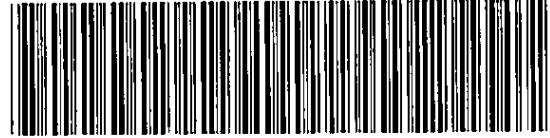
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 JUN 22 PM 1:31

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 JUN 22 PM 2:33

RECEIVED

JUN 23 2023

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

281 TERR 14010 LLC

Please Debit FCA000000003 For: 25

Thank you Seth Neeley



Signature

Requested by: SETH

06/22/2023

Name

Date

Time

Walk-In

Will Pick Up

112 - Pender & Pender - Tallahassee, FL 32301

___ Art of Inc. File _____
___ LTD Partnership File _____
___ Foreign Corp. File _____
___ L.C. File _____
___ Fictitious Name File _____
___ Trade/Service Mark _____
___ Merger File _____
___ Art. of Amend. File _____
___ RA Resignation _____
___ Dissolution / Withdrawal _____
___ Annual Report / Reinstatement _____
___ Cert. Copy _____
___ Photo Copy _____
___ Certificate of Good Standing _____
___ Certificate of Status _____
___ Certificate of Fictitious Name _____
___ Corp Record Search _____
___ Officer Search _____
___ Fictitious Search _____
___ Fictitious Owner Search _____
___ Vehicle Search _____
___ Driving Record _____
___ UCC 1 or 3 File _____
___ UCC 11 Search _____
___ UCC 11 Retrieval _____
___ Courier _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 281 TERR 14010 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:

SUSANA SALDARRIAGA

Name of Person

DIEGO L RESTREPO P.A.

Firm/Company

2600 SOUTH DOUGLAS ROAD SUITE 913

Address

CORAL GABLES, FL, 33134

City/State and Zip Code

SSALDARRIAGA@RESTREPOLAW.COM

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

For further information concerning this matter, please call:

SUSANA SALDARRIAGA

305 447-9430

at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

100

2023 JUN 22 PM 1:31

Figure 1

5567

12/20/2022

US 14010 LLC

Enter new principal offices address, if applicable:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City:

Zip Code

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

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

[illegible]

[illegible]

(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)

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.

2023

[Signature]

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00