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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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JULIO C BARBOSA P.A. DBA BARBOSA LEGAL

Account Number : I20110000049

Phone : (305)501-4680

Fax Number : (305)359-9543

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

Email Address:____renewals@barbosalegal.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LAFAYETTE CALIFORNIA PROPERTIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H24000344146 3)))



October 15, 2024

FLORIDA DEPARTMENT OF STATE

LAFAYETTE CALIFORNIA PROPERTIES LLC
PO BOX 140668

CORAL GABLES, FL 33114US

SUBJECT: LAFAYETTE CALIFORNIA PROPERTIES LLC

REF: L22000531327

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Type of Action adds and changes Managers. However there is Remove and nothing indicated.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Operations Manager A FAX Aud. #: H24000344146 Letter Number: 524A00022728

COVER LETTER

(((H24000344146 3)))

TO: Registration Section Division of Co	rporations		
Lafayette (California Properties LLC		
SUBJECT:	California Properties LLC Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Erika Kitaoka da Silva		
		Name of Person	
	Barbosa Legal		
		Finn/Company	
	407 Lincoln Road PH-NE		
		Address	
	Miami Beach, FL 33139		
		City/State and Zip Code	
	renewals@barbosalegal.com		
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Erika Kitaoka da Silva		305 501-4680	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration	Section	<u>Street Address:</u> Registration Sc	
Division of C		Division of Co The Centre of	
P.O. Box 632 Tallahassee.			rananassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H24000344146 3)))

FILED

2024 OCT 15 PM 3: 06

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered.			. •
The Articles of Organization for this Limited Liability Company were filed on 12/20/2022 and assigned Florida document number L22000531327 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: ### PH-NE ### Miami Beach FL 33139 ### B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here: Name of New Registered Agent: Barbosa Legal New Registered Office Address: Enter Florida street address Miami Beach Florida	iability Compa Torida Limited I	ny as it now appears on our liability Company)	records. Y SEE. FLORIDA
Enter new 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 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: Barbosa Legal New Registered Office Address: Horida street address Miami Beach Florida street address Florida 33139 Florida 33139 Florida 33139			·
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New Registered Office Address: 407 Lincoln Rd PH-NE Enter Florida street address Miami Beach Florida 33139	ere:	ddress on our records, <u>c</u>	enter the name of the new registe
Miami Beach Florida street address Florida 33139			
Miami Beach , Florida 33139	07 Lincoln Rd		
, Florida		Enter Florida street i	address
City Zip Code	Iiami Beach		_, Florida ^{_33139}
·		Ciņ	Zip Code
New Registered Agent's Signature, if changing Regis		ng: Plimited liabil Limited Liabil Chimited Liabil Ch	Ity Company were filed on 12/20/2022 Ing: It limited liability company here: It limited Liability Company. The designation

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.

/S/ Edwin Cisneros on behalf of Barbosa Legal

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 (((H240003441463)))

<u>Title</u>	Name	Address	Type of Action
MGR	Barbosa Legal	407 Lincoln Rd	
		PH-NE	□Remove
		Miami Beach FL 33139	□Change
MGR	CASTOR CORPORATE DIRECTOR	3rd Floor, Yamraj Building Market Square,	
		P.O. Box 3175.	
		Road Town, Tortola, BVI	
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Add
			□Remove
			□Change

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effective date is listed, the date muse. If the date inserted in this bl	st be specific and cannot be prior to date of filing of ock does not meet the applicable statutory fi	r more than 90 days after filing.) ling requirements, this date	Pursuant to 605.026 will not be listed a
ument's effective date on the D	epartment of State's records.	3 1	
	e date, but not an effective time, at 12:01 a.r.	m, on the earlier of: (b) The	e 90th day after th
s filed.			
October 14	2024		
ed October 14			
/	S/Edwin Cisneros		
***************************************	Signature of a member or authorized representat	ive of a member	
	Of Educate of a thember of damera, ed representati		

Filing Fee: \$25.00 (((H24000344146 3)))