To: 8506176383 From: 3055309409 3/22/2023 1:56:42 PM p. 2 of 6



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.

(((H23000108655 3)))



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 : NEIMAN & INTERIAN, PLLC

Account Number : I20180000010 Phone : (305)530-9400 Fax Number : (305)530-9409

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

pmendez@mendezpa.com

Email Address:\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN . 1021 PLACETAS AVENUE, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$60.00

To: 8506176383 From: 3055309409

Tallahassee, FL 32314

3/22/2023 1:56:42 PM p. 3 of 6

(((H23000108655 3)))

## **COVER LETTER**

10:		ration Sec on of Corp				
eup iez	(m.	021 PLAC	ETAS AVENUE, LLC			
SUBJECT: Name of Limited Liability Company					<del></del>	
The encl	losed A	rticles of A	mendment and fee(s) are sub-	nitted for filing.		
Please re	eturn ali	correspon	dence concerning this matter t	o the following:		
			ALBERTO INTERIAN, ES			
				Name of Person		<del></del>
			NEIMAN & INTERIAN, P	LLC		
				Firm/Company		
			2020 PONCE DE LEON B	OULEVARD, SUITE 100	5B	
				Address		<del></del>
			CORAL GABLES, FLORI			
				City/State and Zip Code		
			pmendez@mendezpa.com E-mail address: (t	o be used for fitture annual re	port notification)	
For furt	her info	rmation co	oncerning this matter, please cr	dl:		
ALBER	NI OTS	rerian, i	ESQ.	305 530-	9400	
<del></del>		Name of	Person	at ()	Daytime Telepho	oge Number
Enclose	ed is a cl	beck for th	e following amount:			
<u> </u>	5.00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address		<u>Street Ad</u> Revistra	dress: tion Section	
Registration Section Division of Corporations			orporations	Division	Division of Corporations	
P.O. Box 6327		The Centre of Tallahassec				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

To: 8506176383

From: 3055309409

3/22/2023 1:56:42 PM p. 4 of 6

(((H23000108655 3)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1021	PLACETAS AVENUE, ELC	
(Name of the Limited Link (A Flor	ility Company as it now appears on our records,) da Linuted Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Florida document number 123000016508	Company were filed on January 13, 2023	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	ORESS)	
		223
Enter new mailing address, if applicable:		, , , , , , , , , , , , , , , , , , ,
Malling address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
		<u> </u>
B. If amending the registered agent and/or register	red office address on our records, <u>enter the</u> i	name of the new regis ت
agent and/or the new registered office address here	;	: ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Name of New Registered Agent:		
New Registered Office Address:		<del></del>
	Enter Florida street address	
	, Florida	Zφ Code
	City	ZD 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

1

(((H23000108655 3)))

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

Title	- Name	Address	Type of Action
MGR	JAN S. NEIMAN	2020 PONCE DE LEON BLVD. SUITE 1005B	□Add
		CORAL GABLES, FL 33134	■Remove
			Change
· MGR	ALBERTO INTERIAN	2020 PONCE DE LEON BLVD., SUITE 1005B	⊡Add
		CORAL GABLES, FL 33134	
			□Change
MGR NEIDA FRAGOSO	NEIDA FRAGOSO	2020 PONCE DE LEON BLVD., SUITE 1005B	<b>≅</b> Add
		CORAL GABLES, FL 33134	
			[] Change
· <u>··</u>			
			□Remove
			□Change
			[JAdd
			□Remove
			Change
			□Add
			ПРеткоче
			□ Change

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From: 3055309409

D. If amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
. <del></del>	
<del></del>	
,	
<del></del>	
**************************************	
***************************************	
**************************************	
Note: If the date in	other than the date of filing:  (optional)  isted, 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)  isterted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ve date on the Department of State's records.
If the record specifies a record is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated March 21	2023
	Signature of a member or authorized representative of a member
	NEIDA FRAGOSO
	Typed or printed name of signee