

# L23000039498

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

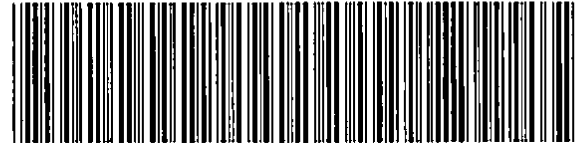
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800408953388

05/18/23--01019--003 \*\*30.00

2023 MAY 18 PM 2:01  
OFFICE OF THE CLERK

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TAYRONA CAPITAL CITIES 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:

GLORIA CONTRERAS

Name of Person

M&L ACCOUNTING SERVICES INC

Firm/Company

16969 NW 67TH AVENUE #208

Address

HALEAH, FL. 33015

City/State and Zip Code

GLORIA@MLACCOUNTINGSERVICE.COM

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

For further information concerning this matter, please call:

GLORIA CONTRERAS

305

231-7212

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 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 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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

TAYRONA CAPITAL CITIES LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/20/2023 and assigned  
Florida document number L23000039498.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the 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)**

**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:

M+L Accounting Services Inc.

New Registered Office Address:

16969 NW 67TH AVENUE @208

Enter Florida street address

HIALEAH

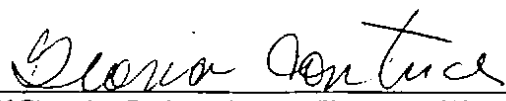
City

Florida 33015

Zip 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.*

  
Gloria Antunez  
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LUIS F. ARBELAEZ OSPINA	16969 NW 67TH AVE	<input type="checkbox"/> Add
		SUITE 208	<input checked="" type="checkbox"/> Remove
		HIALEAH, FL. 33015	<input type="checkbox"/> Change
AMBR	DAVID CASTRILLON MONTOY	16969 NW 67TH AVENUE	<input checked="" type="checkbox"/> Add
		SUITE 208	<input type="checkbox"/> Remove
		HIALEAH, FL. 33015	<input type="checkbox"/> Change
MGR	GT GLOBAL LLC	30 N GOULD ST	<input type="checkbox"/> Add
		STE R	<input checked="" type="checkbox"/> Remove
		SHERIDAN, WY 82801	<input type="checkbox"/> Change
MGR	GLORIA CONTRERAS	16969 NW 67TH AVENUE	<input checked="" type="checkbox"/> Add
		SUITE 208	<input type="checkbox"/> Remove
		HIALEAH, FL. 33015	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

2021.10.22.01

**F. Effective date, if other than the date of filing:** 05/08/2023 (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated MAY 08, 2023

Signature of a member or authorized representative of a member

DAVID CASTRILLON MONTOYA

Typed or printed name of signee