

123000082194

(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



000421246770

01/08/24--01032--018 **25.00

FILED
2024 JAN -8 AM 8:17
SEC. OF STATE
TALLAHASSEE, FL
KH
1/26/24



Luis E. Diaz & Associates, P.A.
Attorney and Counselors at Law

1529 S.W. 1st Street
Miami, Florida 33135

Telephone: (305) 642-0078
Facsimile: (305) 646-2452

January 2, 2024

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Articles of Amendment to Articles of Organization
of 2469 TRIPLEX LLC

Dear Sir or Madam:

Enclosed please find an original and 1 copy of the Articles of Amendment to the Articles of organization of 2469 TRIPLEX LLC along with a check totaling \$25.00 payable to the Secretary of State. Please file same and submit to us a stamped copy in the attached pre-stamped, self-addressed envelope.

If you have any questions, please do not hesitate to call me at (305) 642-0078.

Sincerely,

Luis E. Diaz
Luis E. Diaz, Esq.

Enclosures

2024 JAN -8 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2469 TRIPLEX 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:

Luis E. Diaz, Esq.
Name of Person
Luis E. Diaz & Associates, P.A.
Firm/Company
1529 S.W. 1st Street
Address
Miami, Florida 33135
City/State and Zip Code
Luisediazlaw@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis E. Diaz, Esq. 305 642-0078
Name of Person at () 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

2024 JAN -8 AM 8:17
FILED
SECRETARY OF STATE
TALLAHASSEE, FL

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

2469 TRIPLEX 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 12/09/2021 and assigned Florida document number L23000082194.

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:

New Registered Office Address:

Enter Florida street address

_____ Florida _____

City

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.

If Changing Registered Agent, Signature of New Registered Agent

FILED
2021 JAN - 8 AM 8:17
STATE
SECRETARY, FL

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>
AMBR	ES QUANTUM PROPERTY <i>MANAGEMENT, LLC</i>	8200 N.W. 41st Street	<input type="checkbox"/> Add
		Suite # 200	<input checked="" type="checkbox"/> Remove
		Doral, Florida 33166	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LUIS MAQUEIRA	545 N.W. 10th Street	<input checked="" type="checkbox"/> Add
		Homestead, Florida 33030	<input type="checkbox"/> Remove
			<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

FILED
 2021 JAN 8 AM 8:17
 STATE
 FALLS CHURCH, VA
 SEC. OF STATE

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

Multiple horizontal lines for amending information.

2024 JAN -8 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

E. Effective date, if other than the date of filing: _____ (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 October 20 2023

Signature of a member or authorized representative of a member

Eleonora Sebos

Typed or printed name of signee