

L23000087278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

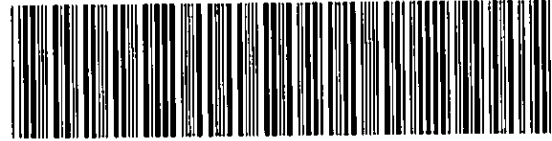
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2024 OCT 25 PM 11:02

SECRETARY OF STATE
TALLAHASSEE, FL 32399

RECEIVED

2024 OCT 25 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC

(850) 724-6437


2330 CLARE DR

(850) 724-6243

TALLAHASSEE, FL 32309

(850) 491-9625

Please use funds from this account: I20210000160: 225.00

Authorization Signature: 

Business Name: 5414 Pine Tree Drive, LLC

Document# L23000082278

___ Certified Copy

___ Certificate of Status

NEW FILINGS

___ Profit Corp

___ Not for Profit

___ Limited Liability

___ Domestication

___ LLLP

___ CORP

___ Other

___ Other

OTHER FILINGS

___ Apostille

Country

AMMENDMENTS

X Amendment

___ Resignation of P. A. Officer/ Director

___ Change of Registered Agent

___ Revocation of Incorporation

___ Merger

___ Articles of Incorporation

___ Restated Articles of Incorporation

___ Statement of Authority

REGISTRATION/QUALIFICATION

___ Foreign Filing

___ Reinstatement

___ Qualification

___ Annual Report

___ Fictitious Name

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 5414 Pine Tree Drive, 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:

Marci Shaffer

Name of Person

The Elias Law Firm, PLLC

Firm/Company

15500 New Barn Road, Suite 104

Address

Miami Lakes, FL 33014

City/State and Zip Code

mshaffer@eliaslaw.net

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

For further information concerning this matter, please call:

Marci Shaffer

305 823-2300
at ()

Name of Person

Area Code

Daytime Telephone

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"/> \$75.00 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 100
Tallahassee, FL 32303

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

5414 Pine Tree Drive, 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 February 14, 2024
Florida document number 123000082278

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," or the designation "LLC"

Enter new principal offices address, if applicable:

2811 Ponce De Leon Blvd

(Principal office address MUST BE A STREET ADDRESS)

Coral Gables, FL 33134

Enter new mailing address, if applicable:

2811 Ponce De Leon Blvd

(Mailing address MAY BE A POST OFFICE BOX)

Coral Gables, FL 33134

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

City

Zip

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity in accordance with the provisions of all statutes relative to the proper and complete performance of my duties as registered agent and accept the obligations of my position as registered agent as provided for in Chapter 607, Florida Statutes, and I agree to being filed to merely reflect a change in the registered office address. I hereby confirm that my company has been notified in writing of this change.

I agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties as registered agent and accept the obligations of my position as registered agent as provided for in Chapter 607, Florida Statutes, and I agree to being filed to merely reflect a change in the registered office address. I hereby confirm that my company has been notified in writing of this change.

If Changing Registered Agent, Signature:

Signature:

nothing has been added

AMBR = Authorized Member

[illegible]

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

[illegible]

E. Effective date, if other than the date of filing: _____

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 da

Note: If the date inserted in this block does not meet the applicable statutory filing requirement, 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 record is filed.

Dated October 24, 2024

Signature of a member or authorized representative of a member

MARY JANE DACEK

Typed or printed name of sig.:

Filing Fee: \$25.00