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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : THERREL BAISDEN, LLP  
Account Number : I20140000065  
Phone : (305)371-5758  
Fax Number : (305)371-3178

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

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
WAREHOUSE INVESTMENTS III, LLC

Certificate of Status	0
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DEC 15 2023  
T. LEMIEUX

### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WAREHOUSE INVESTMENTS III, 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:

ANDRES E. TEJIDOR, ESQ.

Name of Person

THERREL BAISDEN, LLP

Firm/Company

1 SE 3RD AVENUE, SUITE 2950

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

ATEJIDOR@THERRELBAISDEN.COM

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

For further information concerning this matter, please call:

ANDRES E. TEJIDOR, ESQ.

Name of Person

at (305) 371-5758

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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\$55.00 Filing Fee &  
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\$60.00 Filing Fee,  
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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

WAREHOUSE INVESTMENTS III, 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 27, 2023 and assigned Florida document number L23000090024

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**

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	ANNUNZIO STANCHIERI	CALLE SANTA CRUZ QTA. #40 URBANIZACION	<input type="checkbox"/> Add
		CHUAO EL CAFETAL CARACAS, AR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VICTOR M. GIL	747 THIRD AVENUE, UNIT 34B	<input checked="" type="checkbox"/> Add
		NEW YORK, NEW YORK 10017	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

