

L23 000 143 374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

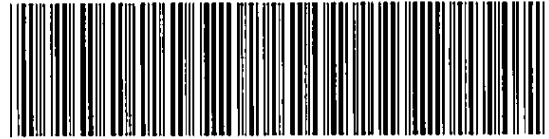
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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 18823 SW 28 Street, 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:

Anthony Dieguez, Esq.

Name of Person

Dieguez & Associates, PLLC

Firm/Company

7950 NW 155 Street, Suite 207

Address

Miami Lakes, FL 33016

City/State and Zip Code

anthony@dieguezlaw.com

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

For further information concerning this matter, please call:

Anthony Dieguez, Esq.

305 55641006
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

SECRETARY
TALLAHASSEE

2023 APR 24 PM 10:20

18823 SW 28 Street, LLC

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	George Martinez	4908 SW 195 Terrace	<input type="checkbox"/> Add
		Miramar, FL 33029	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Jorge Michel Martinez	4908 SW 195 Terrace	<input checked="" type="checkbox"/> Add
		Miramar, FL 33029	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

SECRETARY OF THE ARMY
WASHINGTON, D. C.

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 April 6, 2023

Signature of a member or authorized representative of a member

Gretel Coto

Typed or printed name of signee

Filing Fee: \$25.00