

L 230000169430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

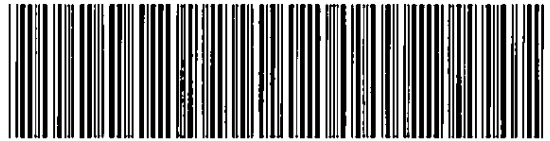
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wmills

Office Use Only



900431144399

06/11/24--01032--011 **25.00

FILED
2024 JUN 11 AM 9:13
SEC
TALL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EL JARDIN DE LOS SABORES 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:

CEASAR MESTRE JR., ESQ.

Name of Person

GASTESI, LOPEZ & MESTRE P.L.L.C

Firm/Company

8105 NW 155 STREET

Address

MIAMI LAKES, FL 33016

City/State and Zip Code

MESTRE@GLMLEGAL.COM

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

For further information concerning this matter, please call:

CEASAR MESTRE JR., ESQ.

.305- 825-9988

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
815 N. Monroe Street, Suite 210
Tallahassee, FL 32301

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	LAZARO RODRIGUEZ	14657 SW 42 ST, MIAMI, FL 33174	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARICELA LOPATEGUI	14657 SW 42 ST, MIAMI, FL 33174	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ARISTIDES SUAREZ	10340 SW 7 th terrace	<input type="checkbox"/> Add
		Miami, FL 33174	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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 5/30, 2024.

Signature of a member or authorized representative of a member

Aristides Suarez
Typed or printed name of signer

Filing Fee: \$25.00