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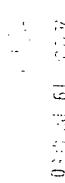
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: 711 MIANI BEACH 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:
PICARDO GONZALEZ
Name of Person
Firm/Company
1000 EXST IShud Plud 41605
Address
Avennes PC 33160
City/State and Zip Code RICKYPEALTY EED (26 6 mail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Zicarp Consy at 355 316-9369 Name of Person Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\times \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 $\frac{17-7-702}{15000000000000000000000000000000000000$	3 and assigned
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)	
	
	7. (7) (3)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office address on our records, enter the nat	me of the new regist
B. If amending the registered agent and/or registered office address on our records, enter the naragent and/or the new registered office address here: Name of New Registered Agent:	me of the new regis
Name of New Registered Agent:	me of the new regis
agent and/or the new registered office address here:	me of the new regist
Name of New Registered Agent: New Registered Office Address:	me of the new regist

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>	Address	Type of Action
*HBC	ISBEL HONTOYA	41 SE S St 101614 Hidni FL 73131	Ž ∕Add
		Lian; FL 73131	□Remove
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		Ap+ 104	□ Remove
		Ap+ 104 SUMMERL 33351	□ Change
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Tective date, if other neffective date is listed, the date inserted cument's effective date.	he date must be specific I in this block does no	and cannot be prior to t meet the applica	o date of filing or more	(option: than 90 days after fil equirements, this d	ing.) Pursuant to 605.0
ecord specifies a delayers filed.	ed effective date, but	not an effective tir	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day after t
ted July	18	. 202	<u>7</u> .		
/ \					
(a)	Signature o	Ca member or autho	rized representative of	a member	

Filing Fee: \$25.00