

L23 000 209 599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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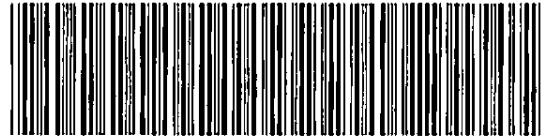
(Business Entity Name)

(Document Number)

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12/28/23--01003--004 **30**

2023 DEC 28 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FL

12/28/23

COVER LETTER

TO: Registration Section
Division of Corporations
NIQUIA Properties LLC

SUBJECT: _____
 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:

David Jaramillo

 Name of Person

Niquia Properties LLC

 Firm/Company

206 nw 135th Avenue Unit 101

 Address

Plantation, Florida 33325

 City/State and Zip Code
 vanessa.marquez@vmlegalservice.com

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

FILED
 2023 DEC 28 PM 11:57
 SECRETARY OF STATE
 TALLAHASSEE, FL

For further information concerning this matter, please call:

Vanessa Marquez 1 7864508802

 Name of Person at (_____) _____
 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

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

Niquia Properties 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 04/27/2023 and assigned
Florida document number L23000209599.

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 "LLC."

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

DS
DNL

DS
VNL

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>
AMBR	Veronica Jaramillo	11666 BOLDFACE DRIVE	<input type="checkbox"/> Add
		Orlando, Florida 32832	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Veronica Jaramillo	11666 BOLDFACE DRIVE	<input checked="" type="checkbox"/> Add
		Orlando, Florida 32832	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	David Jaramillo	11666 BOLDFACE DRIVE	<input type="checkbox"/> Add
		Orlando, Florida 32832	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	David Jaramillo	11666 BOLDFACE DRIVE	<input checked="" type="checkbox"/> Add
		Orlando, Florida, 32832	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	El NORO S.A.S	Carrera 39 5B 10 IN 201	<input checked="" type="checkbox"/> Add
		Medellin, Antioquia	<input type="checkbox"/> Remove
		elnorosas@gmail.com	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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ALL INFORMATION CONTAINED
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2008 DEC 11 14:57

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VJL

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