

L23000238045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

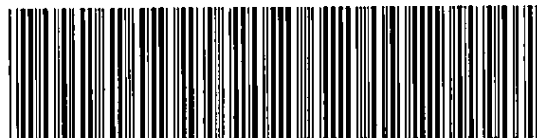
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

SUBJECT: SIERRA CASA FORT LAUDERDALE 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:

ROSI ALVES

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Name of Person

TRUST SOLUTION TAX & BOOKKEEPING LLC

7031 GRAND NATIONAL DR SUITE 111

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Address

ORLANDO - FL - 32819

ROSI@TRUSTSOLUTIONTAX.COM

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

For further information concerning this matter, please call:

ROSI ALVES 407 705-9147  
 \_\_\_\_\_ 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

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	SIERRA CASA LLC	5513 ROOSEVELT ST	<input type="checkbox"/> Add
		HOLLYWOOD - FL - 33021	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ZAD DESIGN, CORP	11361 PIPING ROCK DR	<input type="checkbox"/> Add
		BOYTON BEACH, FL 33437	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

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 NOVEMBER 6, 2023

Michelle Silva Lindquist  
Michelle Silva Lindquist (Nov 6, 2023 17:20 EST)

Signature of a member or authorized representative of a member

MICHELLE SILVA LINDQUIST

Typed or printed name of signer

Filing Fee: \$25.00