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COVER LETTER

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:	HEDITERRANEA	11388 LLC	•	
SUBJECT:		ited Liability Company		
The enclosed Articles of	of Amendment and fec(s) are sub	mitted for filing.		
Please return all corresp	pondence concerning this matter	to the following:		
	BEAT	PUZ HIDALGO Name of Person		
		Name of Person		
	Mea	literranea 11388	LLC	
		rintive ompany		
	6347 NU	U 99 Avenue		
		Address		
	Don	City/State and Zip Code		
		City/State and Zip Code		.s. 20
	beare	lz e upgla.com		23 AI
For further information	concerning this matter, please c	all:	Automy P	96 15 TARY
BEATRIZ	His ALGO	City/State and Zip Code 212 @ UPG-la.com to be used for future annual report notific all: at (305) 398-19 Area Code Daytime	444 E.	의 경 []
Name	of reison	Area Code Dayume	reteptione Number	35
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Cop (additional copy	Status &
Mailing Addr		Street Address:	ion	
Registration Section Division of Corporations		Registration Section Division of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEDITERRANEA		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our recondity Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L23000343524</u> .	ere filed on <u>07/20/</u>	2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	NA	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2022
(Principal office address MUST BE A STREET ADDRESS)	NA	CRETA I
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	A/ LA	ACSEE FILE
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	dress on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:	<u>A/ u</u>	
New Registered Office Address:	Enter Florida street addr	FU.
	, F	florida
	City	Zin 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

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
MGR	DE MARTINEZ Jonetha	n 6347 NW 99 Avenue	□Add
		Doral, Fl 33178	XRemove
		 	□Change
			□Add
		SECRE	Remove
		ARY OF 5	Change GAdd
		[1	□Change
			□Remove
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4-02-11-12-11-			□Add
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(If an effect Note: If	the date, if other than the date of filing: $\frac{b7}{20}\frac{2023}{2023}$ (optional) tive 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 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records.	207 (3)(I as the
cord is filed		he
Dated	August 14th . 2023	
	Harris -	
	Signature of a member or authorized representative of a member	

E. E. 625.00

COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	HEDITERRANEA	11388 LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	BEAT	Name of Person	
		Name of Person	
	Med	diterranea 11388 Firm/Company	K LLC S B
		T mis Company	TAS A
	6347 NO	N 99 Avenue Address	LETY GO T
		Address	1777
	Don	al, F1 33178	2023 AUG 15 AM 10: 35 SECRETARY OF STATE TALLAHASSEE, FL
		City/State and Zip Code	72.7 F.L
	<u>bean</u>	212 @ UPG-la. com to be used for future annual report no	manus y
For fresher information			onication)
ror further information (concerning this matter, please c	all:	
BEATRIZ I	HISAUM	at (305) 398.	1444
Name o	of Person	at (<u>305</u>) <u>398 .</u> Area Code Dayti	me Telephone Number
Enclosed is a check for t	he 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 Addre	<u>ss:</u>	Street Address:	
Registration Section		Registration S	
Division of Corporations P.O. Box 6327		Division of Co The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303