

L23000356436

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : QUALITY FINANCIAL AND TAX SERVICES
Account Number : 120250000027
Phone : (407)985-1011
Fax Number : (407)386-3215

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
2025 SEP 19 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2025 SEP 19 PM 2:19
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LAGUNITA FLORIDA LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$30.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

SEP 22 2025



September 19, 2025

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAGUNITA FLORIDA LLC
1012 E OSCEOLA PARKWAY SUITE 58
KISSIMMEE, FL 34744

SUBJECT: LAGUNITA FLORIDA LLC
REF: L23000386436

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H25000335168
Letter Number: 625A00021088

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LAGUNITA FLORIDA 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:

VICTOR PAGAN

Name of Person

QUALITY FINANCIAL AND TAX SERVICES LLC

Firm/Company

7550 FUTURES DRIVE SUITE 206

Address

ORLANDO, FLORIDA 32819

City/State and Zip Code

qualityfinancialtax@gmail.com

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

For further information concerning this matter, please call:

VICTOR PAGAN

at (407) 218-1566

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LAGUNITA FLORIDA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2025 SEP 19 PM 2:19
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/16/2023 and assigned Florida document number L23000386436.

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)

7550 FUTURES DRIVE SUITE 206

ORLANDO, FLORIDA, 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7550 FUTURES DRIVE SUITE 206

ORLANDO, FLORIDA, 32819

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:

QUALITY FINANCIAL AND TAX SERVICES LLC

New Registered Office Address:

7550 FUTURES DRIVE, SUITE 206

Enter Florida street address

ORLANDO

Florida 32819

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

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 | ANDREA PICCINNI | 7550 FUTURES DRIVE SUITE 206 | <input type="checkbox"/> Add |
| | | ORLANDO, FL 32819 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
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TALLAHASSEE, FLORIDA

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

COMPANY AND MANAGER ADDRESS UPDATE.

CHANGE OF REGISTERED AGENT.

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TALLAHASSEE, FLORIDA
S. CORP. DIV.

E. Effective date, if other than the date of filing: 09/18/2025 (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 SEPTEMBER 18, 2025

Signature of a member or authorized representative of a member

ANDREA PICCINNI

Typed or printed name of signee

Filing Fee: \$25.00