Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L23000401582

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000409950 3)))

H23000409950 3EC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : DORIS ACCOUNTING & TAX SERVICE CORP
Account Number : I20190000104
Phone : (305)323-4581
Fax Number : (305)397-1425

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

14452 SW 155 PL LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$25.00

2023 NOV 30 AM 11:15

Electronic Filing Menu Corporate Filing Menu Help

DEC 02 2023

K. Brumbley

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 14452 SW 155 PL 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:

DORIS POLANCO
Name of Person

Firm/Company

17720 N BAY RD UNIT 903
Address

SUNNY ISLES BEACH, FL 33160
City/State and Zip Code

DORISTAXES@OUTLOOK.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DORIS POLANCO at (305) 3234581
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- [x] $25.00 Filing Fee
- [ ] $30.00 Filing Fee & Certificate of Status
- [ ] $55.00 Filing Fee & Certified Copy (additional copy is necessary)
- [ ] $60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is necessary)

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

14452 SW 155 PL 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 _____ and assigned Florida document number L23000461582.

The 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)

_____

_____

_____

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

3025 SW 155th AVE

MIAMI, FL 33185

_____

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*

2023 NOV 30 AM 11:15
FILED

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

Title	Name	Address	Type of Action
MGR	FERNANDO JR GRULLON	3025 SW 155 AVE	☐ Add
		MIAMI FL 33185	☒ Remove
			☐ Change
MGR	FERNANDO J GRULLON	3025 SW 155 AVE	☒ Add
		MIAMI FL 33185	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

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 10/10/2023

Signature of a member or authorized representative of a member

FERNANDO J GRULLON

Typed or printed name of signee

Filing Fee: $25.00