

L23000469408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SEC. OF STATE
TALLAHASSEE, FL

FILED

K4
1/23/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AGADOR SPARTACUS CRELA, 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:

HELEN CRUZ

Name of Person

AGADOR SPARTACUS DEVELOPMENT, LLC

Firm/Company

2875 N.E. 191 Street, Suite 305

Address

Aventura, FL 33180

City/State and Zip Code

Helen@asdevgroup.com

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

For further information concerning this matter, please call:

Helen Cruz

305

974-2418

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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SECRETARY OF STATE
TALLAHASSEE, FL

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

AGADOR SPARATCUS CRELA, 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 10/11/23 and assigned
Florida document number L23000469408.

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) _____

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

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SECRET
TALLAHASSEE FL

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	AGADOR SPARATCUS LAND	2875 N.E 191 Street	<input checked="" type="checkbox"/> Add
	Acquisitions, LLC	Suite 305	<input type="checkbox"/> Remove
		Aventura, FL 33180	<input type="checkbox"/> Change
MGR	Samy Cohen	2875 N.E 191 Street	<input type="checkbox"/> Add
		Suite 305	<input checked="" type="checkbox"/> Remove
		Aventura, FL 33180	<input type="checkbox"/> Change
MGR	Alberto Dichi	2875 N.E 191 Street	<input type="checkbox"/> Add
		Suite 305	<input checked="" type="checkbox"/> Remove
		Aventura, FL 33180	<input type="checkbox"/> Change
MGR	Alan Benenson	2875 N.E 191 Street	<input type="checkbox"/> Add
		Suite 305	<input checked="" type="checkbox"/> Remove
		Aventura, FL 33180	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2024 JAN 3 PM 1:50
TALLAHASSEE, FL
STATE

2024 JAN -3 PM 1:00
SEC. TAYLOR DE STATE
TALLAHASSEE, FL

2024 JAN -3 PM 1:50
SEC. STATE
TALLAHASSEE, FL

7-13-68

(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)

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00