To:

DocuSign Envelope ID: B43584BA-710A-401E-8C47-EF256B2EC316



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.

(((H24000023746 3)))



H240000237463ABC

Note: DO NOT hit the REFRESII/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 : LEGAL TEAM PLLC Account Number: I20210000040 Phone : (786)307-2393 Fax Number : (786)524-3342

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2928 SW 12 ST LLC

Certificate of Status	0
Certified Copy	j o
Page Count	04
Estimated Charge	\$25,00

Electronic Filing Menu Corporate Filing Menu

Help T. LEMIEUX JAN 19 2024

To [,]		Page: 2 of

2024-01-17 22:39:09 GMT

17865243342

From: Karel Suarez

ocuSign Envelope ID: B43584	4BA-710A-401E-8C47-EF256B2EC	316 COVER LETT	ER	
TO: Registration So Division of Cor				,
2928 S W 1	2 ST LLC			
SUBJECT:	Name of Lin	tited Liability Company		
	Amendment and fee(s) are sub			
Please return all correspo	ondence concerning this matter	to the following:		
	Karel Suarez, Esq.			
		Name of Person		
	The Legal Team PLLC			
		Firm/Company		
	4000 Ponce de Leon, Suite			
		Address		
	Coral Gables, FL 33146			
	ksuarez@legalteamservices	City/State and Zip Co	de	
		to be used for future ann	ual report notificat	tion)
For further information of	concerning this matter, please c	all:		
Erick Trelles, Esq.			281-6074	
Name o	f Person	Area Code	Daytime Te	elephone Number
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing F Certified Copy (additional copy is		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose
<u>MailingAddres</u> Registration 9			i <u>Address:</u> stration Sectic	n n
Division of C			ion of Como	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

To:

DocuSign Envelope ID: B43584BA-710A-401E-8C47-EF256B2EC316

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2928 SW 12 ST LLC					
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on our records.) hability Company)			
The Articles of Organization for this Limited Lia Florida document number <u>L23000547892</u>		were filed on 12/12/2023 and assigned			
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applica	hle	2845 SW 127 AVE			
(Principal office address MUST BE A STREET ADDRESS)		MIAMI, FL 33175			
	_				
Enter new mailing address, if applicable:		2845 SW 127 AVE			
(Mailing address MAY BE A POST OFFICE E	<u>80X)</u>	Miami, FL 33175			
agent and/or the new registered office address	s here:	address on our records, enter the name of the new registered			
Name of New Registered Agent:	The Legal Team PLLC				
New Registered Office Address:	4000 Ponce de	e de Leon, Suite 470 Enter Florida street address			
	Coral Gables	in the second se			
		$\frac{\text{City}}{\text{City}} = \frac{33146}{\text{City}} = \frac{11}{\text{City Colle}}$			
New Registered Agent's Signature, if changing R	egistered Agent:	in the second se			
provisions of all statutes relative to the prope accept the obligations of my position as regis	r and complete tered agent as p egistered office	ee to act in this capacity. I further agree to comply will the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address. I hereby confirm that the limited fiability			
	- 1	uSigned by:			
	Kase	d Suarez			

If Changing Registered Agent, Signature of New Registered Agent

OccuSign Envelope ID: B43584BA-710A-401E-BC47-EF256B2EC316
Traincroting Authorized rerson(s) authorized to manage, enter the fitle, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	2928 PROPERTY LLC	2845 SW 127 AVE	≣ Add
		MIAMI, FL 33175	□Remove
			□ Change
AR	DOMINGA P. GARCIA	12251 SW 46 ST	■Add
		MIAMI, FL 33175	Remove
		 	□ Change
MGR	KELVIN F. VALDES	851 NE 1ST AVE APT 1506	🗆 Add
		MIAMI, FL 33132	■Remove
			□Change
MGR	ELAINE LEYVA	851 NE 1ST AVE APT 1506	🗆 Add
		MIAMI, FL 33132	≅ Remove
			Change
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			□Change

DocuSign Envelope ID: B43584BA-710A-401E-8C47-EF256B2EC316

						
<u> </u>						<u></u>
 						
					· · · · · -	
						
					·	
				· -		
		 	<u></u>			
						
				<u>-</u> -		
						<u></u>

					·	
Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specific and block does not m	cannot be prior to teet the applica	a date of filing or	more than 90 days	after filing.) Pursi	ant to 605,0207 of be listed as
record specifies a delayed effect d is filed	ive date, but not a	an effective tin	ne, at 12:01 a m	on the earlier of	of: (b) The 90th	day after the
JANUARY 17 Dated	,	2024				
	Docusigned b	ny: Contr	_			
	/ ~- '					
	Signature of a m	page iember or author	ized representati	ve of a member	. <u>.</u>	