

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration : Division of Co			
8005 LAI SUBJECT:	KE DR 112 LLC		
30b/EC1,	Name of Lin	nted Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ADRIANA MARQUEZ		
		Name of Person	-1
	ACMM CONSULTING I	NC	
		Firm/Company	
	7791 NW 46TH STREET	. SUITE 206	
		Address	
	DORAL, FL 33166		
	adriana@acmmconsulting.c	City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	fication)
For further information	concerning this matter, please co	all:	
ADRIANA MARQUE	Z	786 420-2541	
Name	of Person	at () Area Code Daytim	e 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 Addre		Street Address:	
Registration Division of (		Registration Sec	
P.O. Box 632		Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

8005 LAKE DR 112 LLC	
(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on	4/2024 and assigned
Florida document number L24000161188	
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 desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	727
	ن ن
	<del>ن</del> ص
Inter new mailing address, if applicable:	_; ;
Mailing address MAY BE A POST OFFICE BOX)	رې
	. :: ::::::::::::::::::::::::::::::::::
<ol> <li>If amending the registered agent and/or registered office address on our recogent and/or the new registered office address here:</li> </ol>	ords, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida	street address
	Florido

## 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.

City

Zip Code

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	MGR TROMBINI CONSULTING LLC	10981 NW 44TH TER	
	DORAL, FL 33178		
		□Change	
MGR TROMBINI MANAGEMENT LLC	10981 NW 44TH TER	≅Add	
		DORAL, FL 33178	□Remove
			□Change
			□Add
			□Remove
			□Change
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f an effe <u>Note:</u>	ve date, if other than the date of filing:
record d is file	I 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 ed.
Dated _	APRIL 10 . 2024
	Signature of a member or authorized representative of a member
	ADILIAWA: MAROUEZ Typed or printed name of signee