## **L340000901932**

| (Req                       | uestor's Name)   |  |
|----------------------------|------------------|--|
| (Add                       | ress)            |  |
| (Add                       | ress)            |  |
| (City)                     | /State/Zip/Phone | e #)   |
| PICK-UP                    | ☐ WAIT           | MAIL   |
| (Busi                      | iness Entity Nan | ne)  |
| (Doc                       | ument Number)    |  |
| Certified Copies           | Certificates     | of Status  |
| Special Instructions to Fi | iling Officer:   | · <del>- · · · · · · · · · · · · · · · · · ·</del> |
|                            |                  |  |
|                            |                  |  |
|                            |                  |  |

Office Use Only



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SECRETARY OF STAT

JOV 36 KMIII: 10

## **COVER LETTER**

| Division of Co            | orporations  |   |   |                  |                       |     |
|---------------------------|--|---|---|------------------|-----------------------|-----|
| SUBJECT:                  | Ave LLC  |   |   |                  |                       |     |
| SUBJECT:                  | Name of Lin  | nited Liability Company   | <del></del>   |                  |                       |     |
|                           |  |   |   |                  |                       |     |
| The enclosed Articles o   | f Amendment and fee(s) are sub                     | omitted for filing.   |   |                  |                       |     |
| Please return all corresp | oondence concerning this matter                    | to the following:   |   |                  |                       |     |
|                           | Madelyn Garcia                                     |   |   |                  |                       |     |
|                           |  | Name of Person  |   |                  |                       |     |
|                           | 100 Sara Ave LLC                                   |   |   |                  |                       |     |
|                           |  | Firm/Company  | <del> </del>  |                  |                       |     |
|                           | 1140 Lee Blvd                                      |   |   |                  |                       |     |
|                           | <del> </del>                                       | Address   | <del></del>   |                  |                       |     |
|                           | Unit 110   |   |   |                  |                       |     |
|                           |  | City/State and Zip Code   | *   | S                | 0.3                   |     |
|                           | Lehigh Acres, FL 33936                             |   |   |                  | 1024                  |     |
| For further information   | E-mail address: ( concerning this matter, please c | to be used for future annual report notificat                       | ion)  | RETA             | Z AUN                 |     |
| Madelyn Garcia            |  | 239 325-7770<br>at ()   |   | HSSVI<br>NY OF   | 6 AH                  | 1 1 |
| Name                      | of Person  | Area Code Daytime Te  | lephone Number  | ECRETARY OF STAT | 2024 NOV 26 AM II: 19 | 100 |
| Enclosed is a check for   | the following amount:                              |   |   | Li               |                       |     |
| \$25.00 Filing Fee     ■  | S30.00 Filing Fee & Certificate of Status          | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Certificate o Certified Co (additional cop) | f Status &<br>py |                       |     |
| Mailing Addre             | <u>::ss:</u>                                       | Street Address:   |   |                  |                       |     |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

| 100 Sara Ave LLC   |  |  |                                    |
|--|--|--|------------------------------------|
| ( <u>Name of the Lim</u>   | ited Liability Compa<br>(A Florida Limited | any as it now appears on our red<br>Liability Company) | cords.)                            |
| The Articles of Organization for this Limited Included In |  | were filed on 04/30/2024                               | and assigned                       |
|  | _  |  |                                    |
| his amendment is submitted to amend the fol  | lowing:                                    |  |                                    |
| A. If amending name, enter the new name  | of the limited liah                        | ility company here:                                    |                                    |
| The new name must be distinguishable and contain the   | words "Limited Liabi                       | lity Company " the designation "                       | I I C" or the abbreviation "L I C" |
| Enter new principal offices address, if appli  |  | Madelyn Garcia   | SEC Of the abbreviation E.E.C.     |
| (Principal office address MUST BE A STREET ADDRESS)  |  | 1140 Lee Blvd Unit 110                                 |                                    |
|  | <u> </u>                                   | Lehigh Acres, FL 33936                                 |                                    |
| Enter new mailing address, if applicable:  |  | 1140 Lee Blvd Unit 110                                 |                                    |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | Lehigh Acres, FL 33936                                 | ECF                                |
|  |  |  | AXX #OV                            |
|  |  |  | 26<br>NRY<br>HAS                   |
| <ol> <li>If amending the registered agent and/or gent and/or the new registered office addre</li> </ol>  |  | address on our records, <u>en</u>                      | ter the name of the new regist     |
| gen una of the new registered strice addition  |  |  | E, R                               |
| Name of New Registered Agent:  | Madelyn Garci                              | a  | VIE VIE                            |
| New Registered Office Address:   | 1140 Lee Blvd                              | Unit   10  |                                    |
|  |  | Enter Florida street add                               | dress                              |
|  | Lehigh Acres                               | ,  | Florida 33936                      |
|  |  | City   | Zin 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 603, 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>          | Address                 | Type of Action  |
|--------------|----------------------|-------------------------|-----------------|
| MGR          | Madelyn Garcia       | 1140 Lee Blvd Unit 110  | <b>≣</b> Add    |
|              |                      | Lehigh Acres, FL 33936  | □Remove         |
|              |                      |                         | □Change         |
| MGR          | Faycal Bennouna Zhar | 7901 SW 67 Ave          |                 |
|              |                      | Miami, FL 33143         | ■Remove         |
|              |                      |                         | Change          |
| MGR          | Luis Perez Becena    | 18875 NW 62 Ave Apt 103 |                 |
|              |                      | Hialeah, FL 33015       | Remove SP 70 24 |
|              |                      |                         | SECHOLINHVSVER  |
|              |                      |                         | AMUSE STREET    |
|              |                      | ☐ Change                |                 |
| <del></del>  |                      |                         | □Add            |
|              |                      |                         | □Remove         |
|              |                      |                         | □ Change        |
|              |                      |                         | []Add           |
|              |                      |                         | □Remove         |
|              |                      |                         | □Change         |

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|   | SEORETI<br>TALLA  |
|   | SECRETARY OF S<br>TALLAHASSEE.  |
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|   | m   |
| ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to the date inserted in this block does not meet the application ument's effective date on the Department of State's records. | (optional) to date of filing or more than 90 days after filing.) Pursuant to 605, the statutory filing requirements, this date will not be listed |
| cord specifies a delayed effective date, but not an effective tirs filed.   | ne, at 12:01 a.m. on the earlier of: (b) The 90th day after   |
| ed November 4 2024  | 7)  |
| 1 Ind   | 1.4/  |

Filing Fee: \$25.00