## 124000318102

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## **COVER LETTER**

		stration Sec sion of Corp					
SUBJEC		MERINO AS	SOCIADOS LLC				
	_		Name of Lim	ited Liability Company			
			mendment and fee(s) are sub	_			
			SAMUEL MERINO PEDI	RESCHI			
			<del></del>	Name of Person			
			MERINO ASOCIADOS L	I.C			
			·	Firm/Company			
			1855 NE 121ST ST APT 2	7			
	Address				···		
			NORTH MIAMI, FL 3318	1			
				City/State and Zip Code			
			Smerino@merinoasociados.	.com to be used for future annual report in	ost Continue		
For furthe	er inf	ormation cor	ncerning this matter, please or	-	ourcation)		
		VEZ HERF	-	786 626-6856			
•		Name of I	Person		time Telephone Number	2021   SE	
Enclosed	is a c	theck for the	following amount:			FIL 2024 OCT 3 SECRETA STALLA	
<b>☎ \$</b> 25.0	00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Slange I	_

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

MERINO ASOCIADOS 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 07/17/2024 and assigned Florida document number 1.24000318102

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 "LLC."

1855 NE 121ST ST

NORTH MIAMI, FL 33181

NORTH MIAMI, FL 33181

**APT 27** 

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

Enter new mailing address, if applicable:

Enter new principal offices address, if applicable:

1855 NE 121ST ST 75 C

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 a	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 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
AMBR	CHAVEZ HERRADA, ROSA Y	11551 SW 11TH ST	■Add
		PEMBROKE PINES, FL 33025	□Remove
			□Change
			□Add
		<u> </u>	□Remove
			□ Change
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ecord specifies a delayed effective of stilled.	late, but not an	i effective tir	ne, at 12:01 a.i	n. on the earlic	rof:(b) Th	e 90th day after
		2024	<del></del> -			
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sed		Soy	P	ive of a member		

Filing Fee: \$25.00