

12/16/24 8:37 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H24000412134 3)))



H240004121343ABCV

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : DAVID NOHRA ZAKIA  
Account Number : T20220000125  
Phone : (239)494-0057  
Fax Number : (239)913-6599

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: ludestinovip48@gmail.com

RECEIVED

2024 DEC 16 AM 8:27

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDALLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
AC TU DESTINO VIP LLC

Certificate of Status	0
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Corporate Filing Menu

Help

K. SALY

DEC 17 2024

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** AC TU DESTINO VIP 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:

CEDENO CESAR

Name of Person

AC TU DESTINO VIP LLC

Firm/Company

13354 NW 3RD LN

Address

MIAMI, FLORIDA, ZIP CODE 33182

City/State and Zip Code

tdestinovic48@gmail.com

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

For further information concerning this matter, please call:

YDROGO NATHALY

786 6090878  
at ( )

Name of Person

Area Code

Daytime 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 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**

AC TU DESTINO VIP LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2024 DEC 16 PM 4:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/03/2024 and assigned  
Florida document number L24000503599.

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*

*City*, **Florida** *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**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add 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	CEDENO CESAR	13354 NW 3RD LN	<input type="checkbox"/> Add
		MIAMI,FLORIDA,ZIP CODE 33182	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	YDROGO NATIALY	13354 NW 3RD LN	<input type="checkbox"/> Add
		MIAMI,FLORIDA,ZIP CODE 33182	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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ALBUQUERQUE, NEW MEXICO

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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2024 DEC 16 PM 4:43  
CLERK OF DISTRICT COURT  
TALLAHASSEE FLORIDA

E. Effective date, if other than the date of filing: DECEMBER 14 2024 (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated DECEMBER 14 2024

Signature of a member or authorized representative of a member

HYDROGONATIALY

Typed or printed name of signee