

L98 000 000 127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

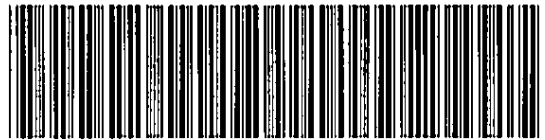
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

6/28

Office Use Only



700344938697

05/22/20--01013--022 **25.00



SECRET

28 PM 4:29

FILED

OM



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 JUN 16 9:02

June 16, 2020

ELSA ARANGO
401 ISLAND DRIVE
KEY BISCAVNE, FL 33149

SUBJECT: ARANGO & GARCIA-MORERA, L.L.C.
Ref. Number: L98000000127

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is L20000122768-ELSA ARANGO, LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore
Regulatory Specialist II

Letter Number: 120A00011905

LAW OFFICES OF
ARANGO & GARCIA-MORERA, L.L.C.
1414 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134-4008

ELSA M. ARANGO
ATTORNEY AT LAW

PHONE: (305) 569-0180
FAX: (305) 569-9887

ENRIQUE J. GARCIA-MORERA
ATTORNEY AT LAW

June 24, 2020


Florida Department of State
Division of Corporations

Subject: Change of name for Arango & Garcia-Morera, LLC
Ref: L98000000127

Please be advised that my name is Elsa Arango and that I was the incorporator of Elsa Arango LLC (L20000122768). I requested the dissolution of said entity and hereby state that I have no intention of revoking said dissolution. I wish to release the name for use by another entity and to consequently change the name of Arango & Garcia-Morera LLC to Elsa Arango LLC.

I thank you in advance for your kind attention.

Sincerely,



Elsa M. Arango

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Arango and Garcia-Morera 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:

Elsa Arango
Name of Person
arango and garcia -morera llc
Firm/Company
401 island drive
Address
key biseayne ,Florida 33149
City/State and Zip Code
qbanita521@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

elsa arango at (305) 3425253
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 FILED
OF

MAY 28 PM 4: 29

Arango and Garcia-Morera 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 1/30/1998 and assigned Florida document number L 9800000127.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Elsa Arango llc

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:

221 Aragon Ave suite 200

(Principal office address MUST BE A STREET ADDRESS)

coral gables ,fla.33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

401 island drive

key biscayne,fla.33149

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:

elsa arango

New Registered Office Address:

401 island drive

Enter Florida street address

key biscayne.


Florida 33149

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Enrique Garcia Morera	1414 Ponce de Leon Blvd	<input type="checkbox"/> Add
		1414 Ponce de Leon Coral Gables, Fla 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

E. Effective date, if other than the date of filing: _____ (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 may 15 , 2020 .



Signature of member or authorized representative of a member

MGIRML - Elsa Arango

Typed or printed name of signer