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OF DEC 26 PM 12: 25
SECRETARY OF STATE
TAIL AHASSEF FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Ortiz-Parra Enterprises (Name of	Limited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	g this matter to the following:		
Luis A. Cordero, Esq. (Name of Person)			
Cordero & Associates, PA (Firm/Company)			
200 S. Biscayne Boulevard, Suite	4650		
Miami, Florida 33131			
(City/State and Zip Code)	,		
For further information concerning this may	tter, please call:		
Luis A. Cordero, Esq. (Name of Person)	at (305) 777-2677 (Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following	ing amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limite	ed liability company is	: Ortiz-Parra	Enterprises, LLC		
2. The mailing address o	f the limited liability c	ompany is : 1	1881 NW 123 Avenue	,	
Pembroke Pines, Florida	a 33026				
11/23/1999	•		L99000008108		
3. Date of filing/registrat	ion in Florida		4. Document number		
5. The name of the register Florida Department of		istered office	address as shown on th	e records of the	
1	Hillman-Waller, I	Louis			
		Name	_		
	3006 Aviation Ave		<u>C</u>		
Address $\pm \circ$ 2					
	Coconut Grove, Fl			FG S	
	City	, State and Zi	p	全国の一	
6. The name and address	of the new registered a	agent and/or o	office:	FILED 06 DEC 26 PM 12: 25 SECRETARY OF STATE TALLAHASSEE, FLORID	
	Luis A. Cordero, Esc	q. / Cordero 8	Associates, P.A.	. 유 교 미	
		Name		21.02.15.15.15.15.15.15.15.15.15.15.15.15.15.	
	200 S. Biscayne B	oulevard, S	uite 4650		
	Florida street addres	ss (P.O. Box I	NOT acceptable)	× ·	
	Miam	ni, FL 3313	31		
	City,	State and Zip			
If the limited liability conconfirmed that after the cland the business office of liability company it is he of the members of the lin or the operating agreement (Signature of a member of author)	hange or changes are rethe registered agent wereby confirmed that the nited liability company of the limited liability.	made, the Flor vill be identicate change(s) was otherway company.	rida street address of th al. Or, in the case of a vas/were authorized by	e registered office Florida limited an affirmative vote	
Alicia Parra De Ortiz					
(Printed or typed name of signee)					
I hereby accept the appo- comply with the provision and I am familier with an Chapter 608, H.S. Or lift address, I herefy confirm	intment as registered a is of all statutes relatived accept the obligation this document is being that the limited liabili	agent and agr ve to the prop ns of my posit filed to mere ity company h	ee to act in this capaci er and complete perfor ion as registered agent ly reflect a change in th ias been notified in wri	ty. I further agree to mance of my duties, as provided for in ne registered office ting of this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00