

L23000192234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 30, 2023

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: 1665 APARTMENTS ,LLC
Ref. Number: L23000192234

We have received your document for 1665 APARTMENTS ,LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the LLC does not match DOS records.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 523A00014802

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DIVISION OF CORPORATIONS

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2023 JUN 30 PM 3:19
SECTION OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from account: 120210000160: \$25.00

Authorization Signature: *[Signature]*

1665 Apartments, LLC

Business

DOC#

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Certified Copy

Certificate of Status

NEW FILINGS

- Profit Corp
- Not for Profit
- Officer/Director
- Limited Liability
- Domestication
- CORP**
- LLLP**
- Register Trust**

AMENDMENTS

- Amendment
- Resignation of R.A. or member
- Dissolution
- Change of Registered Agent
- Dissociation or Resignation of Member
- Conversion**
- Amended and restated Articles**
- Statement of Revocation**

OTHER FILINGS

- Trademark**
 - Annual Report
 - Fictitious Name
 - APOSTILL**
- COUNTRY

REGISTRATION/QUALIFICATIONS

- Foreign filing
- Limited Partnership
- Reinstatement
- Other

EXAMINER'S INITIALS: _____

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Name of the limited liability company: 1665 APARTMENTS, LLC

2. (a) 1665 W 41 ST, HIALEAH, FL 33012 (b) 12285 SW 43 ST MIAMI, FL 33175
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)
Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
1665 W 41 ST, HIALEAH, FL 33012 1665 W 41 ST, HIALEAH, FL 33012

3. 04/18/2023 Date of filing/registration in Florida 4. L23000192234 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
NOVO CUEVAS, JOSE I, SR
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
12285 SW 43 ST
MIAMI, FL 33175

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
TRUST COUNSEL, PLLC
NEW Registered Office Address:
201 ALHAMBRA CIRCLE SUITE 802
CORAL GABLES, FL 33134

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member Jose I Novo Cuevas
Printed or typed name of signee

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.

Signature of Registered Agent

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