

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L22000257069**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations  
Fax Number: (850) 417-6383

From: Account Name : SANCHEZ VADILLO LLP  
Account Number : I20150000038  
Phone : (305) 485-9700  
Fax Number : (813) 492-8840

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

Email Address: corporations@svlawus.com

9/1 01/11/2022

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
5449 COVINGTON LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$25.00 |

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 AUG - 1 AM 8:16

APPROVED  
AND  
FILED

H 22000 25706A 3

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: S449 COVINGTON 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:

**MANUEL J. VADILLO, ESQ.**

*Name of Person*

**SANCHEZ VADILLO LLP**

*Firm/Company*

**11401 NW 41 STREET, SUITE 202**

*Address*

**DORAL, FL 33178**

*City/State and Zip Code*

**MJVADILLO@SVLAWUS.COM**

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

For further information concerning this matter, please call:

**MANUEL J. VADILLO**

**305**  
at ( )

**436-1410**

*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

\$35.00 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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

5449 COVINGTON 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 JUNE 22, 2022 and assigned

Florida document number L22000281909

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*

Florida

City

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TALLAHASSEE, FLORIDA  
FILED

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AND

**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

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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> |
|--------------|-------------|----------------|-----------------------|
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| MGR | MICHEL A COCCHIOLA | 1190 NW 139 DRIVE | <input type="checkbox"/> Add |
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|  |  | <del>MIAMI GARDENS, FL 33149</del> | <input checked="" type="checkbox"/> Remove |
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| MGR | MICHELANGELO COCCHIOLA | 1190 NW 139 DRIVE | <input checked="" type="checkbox"/> Add |
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|  |  | MIAMI GARDENS, FL 33169 | <input type="checkbox"/> Remove |
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|  |  |  | <input type="checkbox"/> Change |
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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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**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 that of filing or more than 90 days after filing.) Pursuant to 605.02217 (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 JULY 23, 2022



Signature of a member or authorized representative of a member

TONY COCCHIOLA

Typed or printed name of signer