Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone

: (561)694~8107

Fax Number

: (561)694-1639

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

Email	18eerbbA									
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

THE RESERVE 10746 NW 76 LN LLC

Certificate of Status	0
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Page Count	04
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ARTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION

15 JUL -8 AM 7:05

SECRETARY OF STATE
- TALLAHASSEE, FLORIDA

THE RESERVE 10746 NW 76 LN LLC

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

The Articles of Organization for this Limited Liability	Company were filed on 09/08/3	2010 and assigned
Florida document number L10000094031		
This amendment is submitted to amend the following:		
A. Is needing name, enter the new name of the in	mited liability company here:	
The new name must be distinguishable and contain the words 'Li	imited Liability Company," the design	stion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Printipal office address MUST BE A STREET ADD)RESS)	
Enter new mailing address, if applicable:	,	
(Mailing address MAY BE A POST OFFICE BOX)		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	tones address.
	tante Province at	
-	Clay	, FloridaZip Code
New Registered Apout's Signature, if changing Register	ed Agent:	·
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered of being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my tagent as provided for in Chap red office address, I hereby co	futifs, and I am familian with and sterik 05, F.S. Or, if this document is
	If Changing Registered Agent,	Securiors of New Replatored Asens
	Page 1 of 3	

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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 = AMBR =	Manager Authorized Member		
T <u>itle</u>	Name	Address	Type of Action
MGR	YRENE ALFONZO	10746 NW 76 LANE	
		DORAL, FL 33178	■ Remove
		74470	G Change
MGR	LILIANA ALFONZO	18746 NW 76 LANE	
		DORAL, FL 33478	☐ Remove
			① Change
			□ Add
			☐ Remove
			☐ Change
			(7) Add
			☐ Remove
			☐ Change
			D Add
			O Rensore
1			[J] Change
			ACRE JU
			C. Remove
			SSENTE S
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	H15000166149	ation, enter change(s) here: (Attach :	additional sheets, if necessary)	
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E. Effe (lfilm	etive date, if other than the	ast be specific and cannot be prior to date of fifth	g or more than 90 days after filing.) Pursu	ent to 605,0207 (3)(b)
Not	<u>el</u> if the date inserted in this t	lock does not meet the applicable statutor Department of State's records.	y filing requirements, this date will no	ot be listed as the
If the !	ecord specifies a delaye	d effective date but not an effect	eve time, at 12:01 a.m. on th	e earlier of:
(b) TI	e 90th day after the re	cord is filed.		
Dan	02/50/50	15		
		- Windayana		<u>Ф</u> Т
		Signature of a treation or authorized represent		S JE T
		LILIANA ALF Typed or printed nume of sign	ntoc	A 1
	H15000166149	Page 3 of 3 Filing Fee: \$25.00		TI 1: 06 RY 7: 06 RY FEIGHT
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