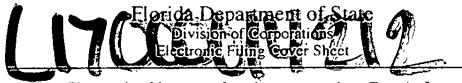
Division of Corporations



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(((H17000227920 3)))



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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALEX CORMONT. LLC

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Help

D. SCOTT

8/24/17, 2:16 PM

## **COVER LETTER**

TO: Registration Se Division of Co			
	RMONT, LLC		
SUBJECT:	Nume of Lim	ited Liability Company	
	Amendment and fee(s) are submodence concerning this matter	- 	
	Eric P. Gros-Dubois		
		Name of Person	•
2701 Ponce de Leon Blvd, Suite 202			
	Address		
	Coral Gables, FL 33134		
	City/State and Zip Code		
eric@epgdlaw.com			70 <b>7</b>
For further information of	n-mail address: ( concerning this matter, please c	To be used for future annual report notification)	三
Eric P. Gros-Dubois		786 8376787	6 24 6 24
	of Person	Area Code Daytime Telephone Number	NIG 24 MIN 2
Enclosed is a check for t		51 554 60 F.	
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	e of Status &
	LING ADDRESS:	STREET/COURIER ADDRESS: Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Cliftor Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALEX CORMONT, LLC				·
(Name of the Lim	ited Liability Comps (A Florida Limited	inv as it now appears on o Liability Company)	ur records.)	<del></del>
The Articles of Organization for this Limited L Florida document number L17000014212	Liability Company	were filed on 01/18/20	17	and assigned
This amendment is submitted to amend the fol	lowing:	) f. 24		
A. If amending name, enter the new name of	of the limited liab	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designa-	ion "LLC" or the abbrevia	ntion "L.L.C."
Enter new principal offices address, if appli	cable:	1621 Collins Avenue,	suite 901	
(Principal office address MUST BE A STRE		Miami Beach, FL 331	39	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E <b>BOX</b> )			: 77
(Maning dairess Mask DE A 1 Out Of 110E	. 5077		7.*.	
B. If amending the registered agent and registered agent and/or the new registered of			records, enter the	name of the n
Name of New Registered Agent:	EPGD Attorne	ys at Law, P.A.		
New Registered Office Address:	2701 Ponce de	Leon Blvr, Suite 202	≟÷ <del>,</del>	· -
•		* Enter Florida sir	eet address	
	Coral Gables	427	, Florida	p Code
		Cirv	21	p Coue

## 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.

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

$\mathbf{AMBR} = A$	Authorized Member		
Title	Name	Address	Type of Action
<del></del>			
		<u>:</u>	☐ Remove
			Change
			□ Remove
			☐ Change
			Remove
			Change
			□ Add
			Remove
•			
	·		□ Remove
			☐ Remove
			□ Change

famending any other informat	on, enter change(s) nere:	(Attach daditional sh	eeis, ij necessar	<i>y.)</i>
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Mective date, if other than the	late of filing:		(optional	至
Mective date, if other than the of an effective date is listed, the date must ote: If the date inserted in this blood ocument's effective date on the De	ck does not meet the applical	o date of filing or more than ble statutory filing requi	90 days after filing rements, this date	L) Pursuant to 605:02 will not be listed
e record specifies a delayed	effective date, but not	an effective time,	at 12:01 a.m.	on the earlier
The 90th day after the reco	rd is filed.			
ated August 24	2017	<b>_</b> .		
	6 8			
<del></del>	Signature of a member or fundior	rized representative of a me	mber	· <u> </u>
Edo D. Casa Dubaia				
Eric P. Gros-Dubois		I name of signee		

Page 3 of 3

Filing Fee: \$25.00