

Florida Department of State
 Division of Corporations
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To:
 Division of Corporations
 Fax Number : (850)617-6383

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 Account Name : PAVESE LAW FIRM
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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2020 JUN 29 PM 2:44

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 CENTENNIAL PROPERTIES OF FLORIDA, LLC**

Certificate of Status	0
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O. SIMMONS

JUN 30 2020

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2020 JUN 29 PM 1:51

HZ 00002012363

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 JUN 29 PM 2:44

Centennial Properties of Florida, 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 01/09/2020 and assigned Florida document number L20000006817

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

Zip Code

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

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

2020 JUN 29 PM 2:44

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Fernando Adolfo Arteaga	11581 Lakewood Preserve PL	<input type="checkbox"/> Add
		Fort Myers, FL 33913	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Fernando Javier Arteaga	11581 Lakewood Preserve Pl	<input checked="" type="checkbox"/> Add
		Fort Myers, FL 33913	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Maria Isabel Elbo	11581 Lakewood Preserve Pl	<input checked="" type="checkbox"/> Add
		Fort Myers, FL 33913	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Paula Andrea Arteaga	11581 Lakewood Preserve Pl	<input checked="" type="checkbox"/> Add
		Fort Myers, FL 33913	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

