

L22 0000 59072

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(Address)

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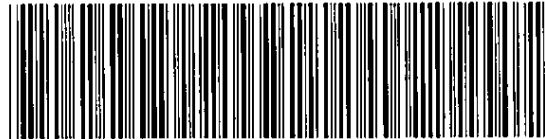
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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11/13/23

CT CORP
(850) 656- 4724
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Tallahassee, FL 32312

Date: 11/13/2023

Acc#I20160000072

mirada

Name:	LEO@MIRADA, LLC
Document #:	
Order #:	15218416

Certified Copy of Arts & Amend:	<input type="checkbox"/>	DIVISION OF CORPORATE STATE 2023 NOV 13 PM 12:40	
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Amount: \$ **25.00**

Thank you!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Leo@Mirada, 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:

Oswaldo F. Torres
Name of Person
Torres Law, P.A.
Firm/Company
888 Southeast Third Avenue, Suite 400
Address
Fort Lauderdale, Florida 33316
City/State and Zip Code
ozzie@torreslaw.net
E-mail address: (to be used for future annual report notification)

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STATE OF FLORIDA

For further information concerning this matter, please call:

Oswaldo F. Torres at (754) 300-5815
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
- \$55.00 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

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

Leo@Mirada, 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 February 14, 2022 and assigned Florida document number L22000059077.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Leo@Cypress Creek, LLC

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)

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Leo@Mirada GP, Inc.	17501 Biscayne Boulevard	<input type="checkbox"/> Add
		Suite 300	<input checked="" type="checkbox"/> Remove
		Aventura, Florida 33160	<input type="checkbox"/> Change
MGR	Leo@Cypress Creek GP, Inc.	17501 Biscayne Boulevard	<input checked="" type="checkbox"/> Add
		Suite 300	<input type="checkbox"/> Remove
		Aventura, Florida 33160	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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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 date of filing or more than 90 days after filing.) Pursuant to 605.0207 (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 November 10, 2023

/s/ Stephen L. Vecchitto
Signature of a member or authorized representative of a member

Stephen L. Vecchitto
Typed or printed name of signee