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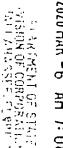
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COVER LETTER

TO:

	Registration Sec Division of Corp		
CUBIC	T	GLER 702, LLC	
SUBJEC	1:	Name of Lim	ited Liability Company
The enclo	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.
Please ret	urn all correspor	ndence concerning this matter	to the following:
		VERONICA DE MARZI	
			Name of Person
		111 E FLAGLER 702, LL	С
			Firm/Company
		11111 BISCAYNE BLVD	APT PHA
			Address
		NORTH MIAMI, FL 3318	31
			City/State and Zip Code
		DEMARZIVERO@H@TM	
		E-mail address: (to be used for future annual report notification)
For furthe	er information co	oncerning this matter, please co	all:
VERON	ICA DE MARZI		386 569-5822 at ()
	Name of	Person	at ()Area Code Daytime Telephone Number
Enclosed	is a check for the	e following amount:	
≡ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S		Street Address: Registration Section
	Division of Co		Division of Corporations
	P.O. Box 632		The Centre of Tallahassee
,	Tallahassee F	1 37314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

111 E FLAGLER 702, LLC			records)
(Name of the Limite	d Liability Company A Florida Limited Lia	y as it now appears on our ability Company)	records.)
The Articles of Organization for this Limited Lia Florida document number L19000029057 This amendment is submitted to amend the follo		vere filed on	1
A. If amending name, enter the new name of	the limited liabil	ity company here:	- <i>f</i>
The new name must be distinguishable and contain the wo	ible:	y Company," the designation	1"LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>80X)</u>		
B. If amending the registered agent and/or reagent and/or the new registered office address		ddress on our records,	enter the name of the new registered
Name of New Registered Agent:	VERONICA DE	MARZI	<u> </u>
New Registered Office Address:	HIII BISCAYN	NE BLVD APT PHA	
	NORTH MIAMI	Enter Florida street	22101
		City	, Florida = Sip Code
Non Designation Access Cincinness (Calcorded D			

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>	Address	Type of Action
MGR	GRACIELA E STEZOVSKY	11111 BISCAYNE BLVD APT PHA	□Add
		NORTH MIAMI, FL 33181	■Remove
			Change
MGR	VERONICA DE MARZI	11111 BISCAYNE BLVD APT PHA	≣ Add
		NORTH MIAMI, FL 33181	□Remove
			☐ Change
			□Add
			Remove
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Note: If the	te, if other that is listed, the date inserted in effective date of the date o	in this block d	loes not me	eet the appl	icable statut	iling or more to	(op han 90 days af quirements, t	tional) ter filing.) Pu his date will	rsuant to 605.020' not be listed as
record spec d is filed.	ifies a delayed	l effective date	e, but not a	ın effective	time, at 12:	01 a.m. on th	ne earlier of:	(b) The 90	th day after the
MAR	CH 3		Ti ili	2020	0 ./				
Dated		,	9	(WXX)	MI				
Dated		Sign	ature of a m	ember or aw	horized repro	esentative of a	member		

Filing Fee: \$25.00