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Florida Department of State Division of Combinions Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055 Phone : (407)898-1757 Fax Number : (407)897-5336

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

Email Address: info@ahkcorp. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 7622 EXCITEMENT LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

÷: 3, 09/6/	2022 13:22 PM	TO:18506176383 FR COVER LETTER	OM:4078975336
TO: Registration S Division of Co		•	•
	ITEMENT LLC		i.
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	abmitted for filing	
	ondence concerning this matte	•	
	LETICIA SANTOS		
		Name of Person	
	ACCOUNT BOOKKEE	PING CORP	
		Firm/Company	
	5301 CONROY ROAD S	SUITE 140	
		Address	
	ORLANDO FL 32811		
	***************************************	City/State and Zip Code	
	INFO@ABKCORP.COM E-mail address:	(to be used for future annual report no	tification)
For further information (concerning this matter, please	•	· ,
LETICIA SANTOS		407 \$98-1757	
Name o	of Person	at () Area Code Daytin	me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration : Division of C		Registration Se Division of Co	
P.O. Box 6327		The Centre of	Tallahassec
Tallahassee, FL 32314		2415 N. Monro	oe Street, Suite 810

Page:

Tallahassee, FL 32303

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13:22 PM T0:18506176383 FROM:4078975336 ARTICLES OF AMENDMENT

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7622 EXCITEMENT LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on	and assigned
Florida document number L15000139273		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
CORNERSTONE AMZ, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		<u> </u>
		ACC 25
Enter new mailing address, if applicable:		84 84
(Muiling address MAY BE A POST OFFICE BOX)		
		ıπω
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registerer
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	· , Floric	la
	City	Zıp 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

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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:

122000306123 3

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			ClAdd
			∐Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 09/06 2022 Signature of a member or authorized representative of a member ALVARO A GARCIA

Typed or printed name of signee

TO:18506176383

09/6/2022

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13:22 PM

FROM: 4078975336, U, J