1/29/2021

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210000403123)))



H210000403123ABCN

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077

Fax Number : (845)818-3588

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

Email	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TIERRA PINES CENTER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

From: Vcorp Services, LL

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tierra Pines Center, LLC					
(Name of the Lim	ited Liability Company (A Florida Limited Liab	as it now appears on our other Company)	records.)	<del></del>	
The Articles of Organization for this Limited I Florida document number 1.02000034243		ere filed on 12/19/2002	:	and assig	ned
This amendment is submitted to amend the fol					
A. If amending name, enter the new name of	of the limited liabilit	y company here:			
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation	n "LLC" or the abbrevi	ation "L L.C	· ·
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and registered agent and/or the new registered of	l/or registered offic office address bere:		ecords, enter the		the new
Name of New Registered Agent:	Veorp Services, L.				
New Registered Office Address:	5011 South State Road 7, Suite 106				
		address			
	Davie		Florida <u></u>		
	-	City	2.	p Code	

## New Registered Agent's Signature, if changing Registered Agent:

To: 18506176333

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

\_ Change

To: 18506175383

MGR = Manager

AMBR = Authorized Member

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

<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			□ Change
	<del></del>		D Add
			☐ Remove
			Change
			Remove
			Change
			Add
			□ Remove
			Change
			Add
		<u></u>	Remove
			Change
			\ \ \ \ \ \
			□ Remove

-					<del></del>		<del></del>		
-		<del></del>		<del>.</del>		<del></del>			
-	<u> </u>								
-						<u> </u>			
-	<u> </u>		·	<u></u>	<u></u>			<del></del>	
-				·					
-			_	<del></del>			<del></del>		
-								<u> </u>	
-		· <del></del>			<u></u>				
-									
-									
_				<del></del> .		<u>.</u> .			
_							_		
_									
-									
-						<u> </u>			
(If an efi <u>Note:</u>	ective date is list. If the date in:	other than the dat sted, the date must be serted in this block e date on the Depar	specific and does not m	cannot be prior to cet the applical	o date of tiling or	more than 90	days after filing ) Pi	ursuant to 605. If not be listed	0207 (3)(h) I as the

Dated	2021				
	Racesa				
	Signature of a member or authorized representative of a member				
	Raeesa Ibrahim				
	Typed or printed name of signee				

Page 3 of 3

Filing Fee: \$25.00