

9/14/21, 9:02 AM

LO5000075451

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H21000339461 3)))



H210003394613ABCF

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 : AGT REGISTERED AGENTS, INC.
Account Number : I2000000205
Phone : (305)416-6800
Fax Number : (305)416-6811

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

Email Address: jose@agi-ra.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
C & J LANAI VENTURES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2021 SEP 14 AM 10:59

ALL AGENTS, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

(((H21000339461 3)))

C & J LANAI VENTURES, 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 August 8, 2005 and assigned
Florida document number L05000075451

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

(((H21000339461 3)))

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

(((H21000339461 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Busquets, Jose	600 Grapetree Drive	<input type="checkbox"/> Add
		Unit 9BS	<input checked="" type="checkbox"/> Remove
		Key Biscayne, FL 33149	<input type="checkbox"/> Change
MGR	Blazquez de Busquets, Carmen E	600 Grapetree Drive	<input type="checkbox"/> Add
		Unit 9BS	<input checked="" type="checkbox"/> Remove
		Key Biscayne, FL 33149	<input type="checkbox"/> Change
MGR	Busquets Blazquez, Carmen Elena	Chalet Carmen	<input checked="" type="checkbox"/> Add
		Chemin de la Monritze 20	<input type="checkbox"/> Remove
		1936 Verbier, Switzerland	<input type="checkbox"/> Change
MGR	Busquets Blazquez, Maria Eugenia	1 Stafford Terrace	<input checked="" type="checkbox"/> Add
		Kensington, London	<input type="checkbox"/> Remove
		W8 7BJ, United Kingdom	<input type="checkbox"/> Change
MGR	Busquets Blazquez, Natalia Angelica	5959 Collins Ave.	<input checked="" type="checkbox"/> Add
		Unit 1504	<input type="checkbox"/> Remove
		Miami Beach, FL 33140	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

(((H21000339461 3)))

((H21000339461 3)))

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

1

1

1

E. Effective date, if other than the date of filing: _____ (optional)

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 September 14, 2021

Signature of a member or authorized representative of a member

Robert R. Adams, Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00

((H21000339461 3)))