



(((H23000291817 3)))

H230002918173AB00

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 : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

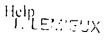
**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **OHC 406, LLC**

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

Electronic Filing Menu Corporate Filing Menu



15612148442

ARTICLES OF AMENDMENT TO + + + ARTICLES OF ORGANIZATION OF

ited Liability Comp. (A Florida Limited	any ay it now appears on our records.) Liability Company)	·····		
Liability Company	were filed on 11/19/2009	and assigned		
llowing:				
of the limited liab	pility company here:			
words "Limited Liabi	ility Company," the designation "LLC" or	the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		2050 Coral Way, Ste 405		
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		····		
		5545		
registered office ess here:	address on our records, <u>enter the</u>	name of the new regist		
Corporate Crea	ntions Network Inc.	ت		
801 US Highw				
	Enter Florida street address	: 0		
North Palm Be		la 33408 Zip Code		
	Liability Company Illowing: of the limited liab words "Limited Liabi icable: ET ADDRESS) registered office ess here: Corporate Creat 801 US Highw	words "Limited Liability Company," the designation "LLC" or icable: 2050 Coral Way, Stc 405 Miami, Florida 33145 2050 Coral Way, Stc 405 Miami, Florida 33145 2050 Coral Way, Stc 405 Miami, Florida 33145 registered office address on our records, enter the ess here: Corporate Creations Network Inc. 801 US Highway 1 Enter Florida street address		

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.



Saray Djidji, Special Secretary

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>	Name	Address	Type of Action
MGRM	Ivan Rodriguez	2050 Coral Way, Ste 405	
		Miami, Florida 33145	
			≡ Change
MGRM	Gleria P Gomez	2050 Coral Way, Ste 405	□Add
		Miami, Florida 33145	
			≡ Change
			□Add
			Remove
			□Change
			□Add
			Remove
			DChange
			□Add
			Remove
			☐ Change
			□Add
			Remove
			□Change

		·····
		
	······································	
te of filing:		_ (optional)
does not meet the applicab	date of filing or more than 90 d le statutory filing requireme	sys after filing.) Pursuant to 605,0207 nts, this date will not be listed as
ite, but not an effective time	e, at 12:01 a.m. on the earlic	r of: (b) The 90th day after the
2023		
	`	
	te of filing: specific and cannot be prior to does not meet the applicable timent of State's records. ste, but not an effective time.	ate, but not an effective time, at 12:01 a.m. on the earlie

Filing Fee: \$25.00

Typed or printed name of signce