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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.

Account Number : I20010000025 Phone : (786)899-2235 Fax Number : (305)935-9042

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

Email Address: kleopoid@leopoidkorn.com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 8421 CRESPI LLC

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JUN 1 1 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	8421 CRESPILLC bility Company as it now appears on o ride Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability	y Company were filed on <u>June</u>	25, 2013 and assigned
Florida document number <u>L13000091192</u>	·	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the b	imited liability company here:	
The new name must be distinguishable and contain the words "I	imited Liability Company," the designa	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET AD</u>	DRESS)	
		, <u> </u>
Enter new mailing address, if applicable:	<u> </u>	
Mailing address MAY BE A POST OFFICE BOX		
	<u> </u>	
B. If amending the registered agent and/or registe agent and/or the new registered office address her		s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	est address
	Zames I tol total off	
	City	, Florida Zip Code
	₩ *7	5.p 55

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 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

2020 JUN 10 AH 10: 45

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Michel Besnier	4000 Hollywood Blvd, #285-S	□Add
		Hollywood, FL 33021	
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	·		□Add
			□Remove
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Effective date, if	other than the	data of filing				(nn	tional)		
If an effective date, in Note: If the date is document's effection	listed, the date must inserted in this blo	be specific and ock does not n	cannot be prior	to date of filing able statutory	g or more than filing requir	90 days aft	er filing.) Pu	rsuant to 605.0 I not be liste	0207 (d as t
e record specifies a rd is filed.	a delayed effective	date, but not	an effective t	îme, at 12:01	a.m. on the e	arlier of:	(b) The 90)th day after	the
Dated	1/1/0	June 10	2020						
	M			C_{ℓ}					
		Signature of a r	nember or auth	grized represen	tative of a me	mber			
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