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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration : Division of Co | | | | |
|--------------------------------------|---|---|--|-----------------------|
| | EN CREEK LLC | | | |
| SUBJECT: | Name of Lin | nited Liability Company | | |
| | | | | |
| The enclosed Articles of | of Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all corres | pondence concerning this matter | to the following: | | |
| | PATRICIA ROMERO | | | |
| | | Name of Person | | |
| | - | Firm/Company | | |
| | 11250 NW 88TH TERR | | | |
| | MIAMI FLORIDA 33178 | Address | · | |
| | P.ROMERO@PALAFREN | City/State and Zip Code CREEK.COM | ication) | ı |
| | E-mail address: (| to be used for future annual report notif | ication) | |
| For further information | concerning this matter, please c | all: | • • • • • • • • • • • • • • • • • • • | |
| PATRICIA ROMERO | | 786 9702122 at () | | วา (-ญ (-:::: |
| Name | of Person | | Telephone Number | 2:56 |
| Enclosed is a check for | the following amount: | | (,,, | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| Mailine Addu | | 6 | | |

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PALAFREN CREEK 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 and assigned Florida document number L13000129192 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 "LL.C." 11250 NW 88TH TERR Enter new principal offices address, if applicable: MIAMI FLORIDA 33178 (Principal office address MUST BE A STREET ADDRESS) 11250 NW 88TH TERR Enter new mailing address, if applicable: MIAMLEU 33178 (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: PATRICIA ROMERO Name of New Registered Agent: 11250 NW 88TH TERR New Registered Office Address: Enter Florida street address MIAMI

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.

City

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> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|--------------------|------------------------------|---------------------|
| MGRM | MARCELLO HENRIQUEZ | 13481 NW 4TH ST # 204 | |
| | | | □Add |
| | | PEMBROKE PINES FLORIDA 33028 | |
| | | | Remove |
| | | | □ Change |
| MGR | JOSE V GOMEZ | 13481 NW 4TH ST # 204 | |
| | | | 🗆 Add |
| | | PEMBROKE PINES FLORIDA 33028 | |
| | | | Remove |
| | | | □Change |
| MGRM | PATRICIA ROMERO | 11250 NW 88TH TERR | |
| | | - | ■Add |
| | | MIAMI FLORIDA 33178 | |
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| ective date, if other than the | date of filing: | | for | ntional) | |
| n effective date is listed, the date mus te: If the date inserted in this blood cument's effective date on the Do | ock does not meet the a | ppiicable statutory i | or more than 90 days a filing requirements. | ter filing.) Purs his date will | suant to 605.020 not-be listed |
| ecord specifies a delayed effective s filed. | e date, but not an effect | ive time, at 12:01 a. | m. on the earlier of: | (b) The 90t | h day after th |
| | 2024 | | | | |
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Filing Fee: \$25.00