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	Division of Co	rporations	
		: (850)617-6383	
From:			
	Account Name	: CORPORATE CREATIONS INTERNATIONAL INC.	7(
	Account Number	: 110432003053	7020
	Phone	: (561)694-8107	77-
	Fax Number		<u> </u>
			2
Enter 1	the email addres	s for this business entity to be used for	future
ann	ual report maili	ngs. Enter only one email address please.	* *
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Ema	il Address:		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RE INVESTMENT SOURCE COCONUT CREEK LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RE INVESTMENT SOURCE COCONUT CRE	EEK T10			
(Name of the Limited Liability of A Florida L.	Company as it now appears of mited Liability Company)	n our records.)	<del></del>	
The Articles of Organization for this Limited Liability Con				
Florida document number 1.13000165965	and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company here	<b>:</b> :		
The new name must be distinguishable and contain the words "Limite	of Constant			
	o craminty Company," the desi	gnation "U.I.C" or the abb	reviation "L.L.	
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·		701	
(Principal office address MUST BE A STREET ADDRE	up.			1
			3	
			<u>~~</u>	~;
Enter new mailing address, if applicable:			⊳	, ( ) 
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
PATODI OFFICE BOX				
	• • • • • • • • • • • • • • • • • • • •		0	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our rec	ords, <u>enter the name</u>	of the new	registered
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florid	a street address	······································	
		I/12.4 ··		
	Cuy	, Florida	Zip Code	
New Registered Agent's Signature, If changing Registered				

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

Title	Name	Address	Type of Action
MGRM	GILBERTO GARAY	1800 N BAYSHORE DR APT 803	DAdd
		MIAMI, FL 33132	■Remove
			☐ Change
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	mending any other information, enter change(s) here: (Attach additional sheets, (f necessary.)
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	The first contract of a section
E. Eff	ective date, if other than the date of filing:
<u>No</u>	e: If the date inserted in this block does not meet the applicable statmory filing orquirements, this date will not be listed as the uncent's effective date on the Department of State's records.
QOI	ument's effective date on the Department of State's records.
H the re	cord specifies a delayed effective date, but not an effective time, at 12:01 nan, on the earlier of: (b). The 90th day after the
record	s filed. The blib day after the
Da	ed this 2020
	Signature of a member of authorized representance of a member
	70HW 7 080HBY
	Typed or printed name of signer