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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

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 931 PARC, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

931 Parc, LLC		
(Name of the Limited Liability C (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 04/01/2014	and assigned
Florida document number L14000053159		
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 "ELC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>si</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	·-···	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter the na</u>	ame of the new regis
Name of New Registered Agent:		
New Registered Office Address:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	¥.7
	Enter Florida street address	2023 F
	, Florida	Zip Codes
New Registered Agent's Signature, if changing Registered Ag	•	Co #
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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 familian 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	TORRES GARCIA, MARIA MERCEDES	19400 Turnberry Way, 931	
		Aventura, FL 33180	≅ Remove
			Change
MGR	TORRES LEMUS, TEODORA CORALI	19400 Tumberry Way, 931	□ Add
	Aventura, FL 33180	Remove	
	<u> </u>		□ Change
			□Add
			□ Remove
			Change
			□ Add
			Remove
			Change
			□Add
			
			□ Remove
			□ Change

	tion, enter change(s) here: (Attach additional sheets, if necessary.)	
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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	date of filing:	95.0207 (2 sted as th
he record specifies a delayed effective ord is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
Dated February 8	2023	
Dated February 8 Zour When		
	Signature of a member or authorized representative of a member	
SEGUNDO TORRES O	GARCIA, Manager, By: Lauren Underwood, Attorney-in-Fact	
	Typed or printed name of signee	