150000 7287

(Requestor's Name)
,
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Constitutions to Filipp Officer:
Special Instructions to Filing Officer:

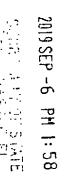
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July 8, 2019

IOANNIS SOTIROPOULOS CREMA GABLES, LLC 220 MIRACLE MILE, SUITE B 211 CORAL GABLES, FL 33134

SUBJECT: CREMA GABLES, LLC Ref. Number: L15000007287

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 319A00013710

COVER LETTER

ro:	Registration S Division of Co			
		GABLES, LLC		
SUBJE	:C1:	Name of Lim	ited Liability Company	
The en	closed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
lease	return all corresp	ondence concerning this matter	to the following:	
		IOANNIS SOTIROPOUL	os	
		CREMA GABLES, LLC	Name of Person	
		220 MIRACLE MILE, SU	Firm/Company ITE B211	
		CORAL GABLES, FL 33	Address 134	
		SOTIRO77@GMAIL.COM		
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information	concerning this matter, please ca	all:	
OANNIS SOTIROPOULOS			786 296-5729	
	Name	of Person		Telephone Number
Enclose	ed is a check for	the following amount:		
■ \$25	5.00 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)

MAHANG ADDRESS: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CD	CMA	GABL	17 C	1 [C
1 .K	Livita	11/1/51	.11.5	1.1	.1 .

(Name of the Limited Liabilit	y Company as i	t now appears on our	records.)
(A. Lilowida	Limitari Linkilia	· · C · · · · · · · · · · ·	

Florida document number L15000007287	·	were filed on 01/13/2015	at	ia assignea	
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liab	ility company here:			
The new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the designation "LLC" or	the abbreviati	on "L.L.C."	_
Enter new principal offices address, if applicat	ole:	220 MIRACLE MILE, SUITE B21	(A)	2019	
(Principal office address MUST BE A STREET	ADDRESS)	CORAL GABLES, FL 33134	⊕ (C) 7 V	3S 6	
			t ·	1	_
Enter new mailing address, if applicable:		220 MIRACLE MILE, SUITE B21	1	P	i t
(Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>	CORAL GABLES, FL 33134		 5 8	
B. If amending the registered agent and/or registered agent and/or the new registered office		- -	the n	anc of the	nev
Name of Nam Davistand Aponts	IOANNIS SOT	IROPOULOS			
Name of New Registered Agent:		-			_
Name of New Registered Agent: New Registered Office Address:		MILE SUITE B211 Enter Florida street address			- -
	220 MIRACLE	MILE SUITE B211 Enter Florida street address	33134		
		MILE SUITE B211 Enter Florida street address	a 33134 Zip	Code	_
	220 MIRACLE CORAL GABL	MILE SUITE B211 Enter Florida street address ES, Florid	a ³³¹³⁴ Zip	Code	_

If Changing Registered Agent, Signature of New Registered Agent

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	FERNANDO FERRO	206 MIRACLE MILE	
		CORAL GABLES, FL 33134	Add
			Remove
			Change
			Remove
			Change
			☐ Remove
			☐ Change
			Add
			□ Remove
			□ Change
			Remove
			□ Change
			Remove
			Change

					
					
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ective date, if ot	her than the date of filed, the date must be specific	ling:	to of filing or more than	(optional)	uant to 605 02
ote: If the date ins	erted in this block does no date on the Department of	ot meet the applicable	statutory filing requi	rements, this date will n	ot be listed a
	es a delayed effective fter the record is file		effective time,	at 12:01 a.m. on th	ne earlier
JUNE 11		2019	٨		
			: //		

Typed or printed name of signec