

L15 000091757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

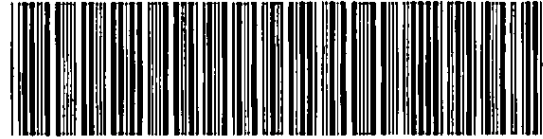
(Business Entity Name)

(Document Number)

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LAW OFFICES
WILLIAM H. ALBORNOZ, P.A.

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SUITE 204
CORAL GABLES, FLORIDA 33134

WILLIAM H. ALBORNOZ

TELEPHONE: 305-444-1741
FACSIMILE: 305-445-4971

July 2, 2021

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Amendment of Articles for Corfu International LLC

Attached is a check in the amount of \$25.00, and the signed amended articles, to file for the above mentioned entity.

Thank you.

Isabel Barrios for the firm

2021 JUL -9 PM 7:11
TALLAHASSEE, FL
5000
5000

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CORFU INTERNATIONAL 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 May 26, 2015 and assigned Florida document number L15000091757.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____ Florida

City

Zip Code

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Daniel Fried Hofmann	901 Ponce De Leon Blvd.	<input checked="" type="checkbox"/> Add
		Suite 204	<input type="checkbox"/> Remove
		Coral Gables, Florida 33134	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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