1160000 14950

(Requ	estor's Name)	
, ,	,	
(Addre	955)	
(71001)	<i></i>	
(Addre	ess)	
(City/s	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nam	e)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
r		
Special Instructions to Fil	ing Officer;	ļ
		1

Office Use Only



200346082972

07/10/20 --01012--012 **25.00

2i :S Hd Oi iii 0202

AUG 21 2020 S. YOUNG

COVER LETTER

Div	ision of Corp	orations			
SUBJECT:	CITYCELLO	SSM V, LLC	<u>-</u>		
		Name of Limit	ted Liability Company		
The enclosed	d Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return	all correspone	dence concerning this matter t	o the following:		
		MARIO L. BENCOMO			
		MARIO L. BENCOMO Name of Person Firm/Company 14305 STIRLING RD Address SOUTHWEST RANCHES, FL 33330 City/State and Zip Code mario_lennoxb@hotmail.com E-mail address: (to be used for future annual report notification)			
			Firm/Company		
		14305 STIRLING RD	Name of Person Firm/Company LING RD Address ST RANCHES, FL 33330 City/State and Zip Code (b@hotmail.com -mail address: (to be used for future annual report notification) natter, please call: 786 at (
			Address		
		SOUTHWEST RANCHES	, FL 33330		
			City/State and Zip Code		
		E-mail address: (to	o be used for future annual repor	t notification)	
For further i	nformation cor	ncerning this matter, please ca	H:		
MARIO L.	BENCOMO		at ()	· -	
	Name of I	Person	Area Code D	aytime Telephone Number	
Enclosed is	a check for the	following amount:			
\$25.00 1	Filing Fce	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificat Certified	e of Status &

TO:

Registration Section

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

CITYCELLGMS V, LLC			
(Name of the Limite	d Liability Compa	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lia			and assigned
Florida document number L16000014950			
This amendment is submitted to amend the follo	wing:		10 PM 5: 12
A. If amending name, <u>enter the new дате of</u>	the limited liab	oility company here:	5: 12
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designation "LLC" or the	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		8131 NW 68th Street	
		Miami, FL 33166	
Enter new mailing address, if applicable:		8131 NW 68th Street Miami, FL 33166	
(Mailing address MAY BE A POST OFFICE 1	<u>30X)</u>	Wilami, 1 L 33100	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our records, enter the r	name of the new registered
Name of New Registered Agent:	MARIO L. BE	NCOMO	
New Registered Office Address:	8131 NW 68th	Street Enter Florida street address	
	Miami	Florida	33166

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
AM	MARIO L. BENCOMO	8131 NW 68TH STREET	
		MIAMI, FL 33166	□Remove
			= Change
AM	FLAVIO ASSUNTO	8020 NW 60TH ST	
		BLDG B SUITE P	□Remove
		MIAMI. FL 33160	■Change
	 		□Add
			Remove
			□Change
		-	□Add
			Remove
			□Change
			□Add
			□Remove
		-	□Change
			□Add
			Remove
			□ Change

				 	
					
	· · · · · · · · · · · · · · · · · · ·				
					<u></u>
				. <u>-</u>	
	_		-		
			· · · · · · · · · · · · · · · · ·		· · · · ·
					
ffective date, if other than th	nust be specific and can	the applicable statut	iling or more than 90 do	(optional) ys after filing.) Pursuant nts, this date will not b	to 605.0207 e listed as
an effective date is listed, the date most of the date inserted in this locument's effective date on the	Department of State	's records.			
Note: If the date inserted in this l	Department of State		01 a.m. on the earlie	r of: (b) The 90th day	y after the
Note: If the date inserted in this locument's effective date on the record specifies a delayed effect	Department of State sive date, but not an e		01 a.m. on the earlie	r of: (b) The 90th day	y after the
Note: If the date inserted in this locument's effective date on the record specifies a delayed effect d is filed.	Department of State live date, but not an e	effective time, at 12:0	3		y after the

Filing Fee: \$25.00