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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SERBER & ASSOCIATES, P.A.

Account Number : I20000000083 Phone : (305)932-6262 : (305)933-9393 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

info@ Serberlausticm. com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GLOBAL ARTISTS QUARTER, LLC

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOBAL ARTISTS QUARTER, I					
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on o la Limited Liability Company)	ur records.)			
The Articles of Organization for this Limited Liability Company were filed on 01/25/2017 Florida document number L17000020431			and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	nited liability company here:				
The new name must be distinguishable and end with the words "Li	imited Liability Company," the design	ation "LLC" or the abbr	eviation L.	L.C."	
Enter new principal offices address, if applicable:			<u>→</u>	Fu	
(Principal office address MUST BE A STREET ADD)	RESS)		7	: 1	
			2		
Enter new mailing address, if applicable:			PH	<u>G ::-</u>	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	<u> </u>	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our	records, enter the	e name o	of the ne	
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida sti	eet address			
		, Florida			
	City		Zip Code		
New Registered Agent's Signature, if changing Registere	ed Agent:				

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Marco S Palacios	2875 NE 191st Street, Suite 80	<mark>1</mark> □ Add
		Aventura, FL 33180	■ Remove
MGR	Facundo R Pereyra Iraola	2875 NE 191st Street, Suite 801	 O Add
		Aventura, FL 33180	🖹 Remove
MGR	Santiago Manrique Mascarenhas	2875 NE 191st Street, Suite 80	 1 ■ Add
	•	Aventura, FL 33180	_ □ Remove
			_ _□ Add
		Marie Marie Marie	Remove
			
			□ Remove
			□ Add
			_□ Remove

D. If aı	nending any other information, enter change(s) here: (Attach additional sheets, if necessary).)		
E. Effe (The	ective date, if other than the date of filing: (optional) effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)			
	August 12 , 2021			
	Signature of a member or authorized representative of a member			
	Santiago Manrique Mascarenhas			
	Typed or printed name of signee		202	
			2021 AUG 12	·
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