L17000023748

| (Re | questor's Name) | |
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| Certified Copies | Certificates | of Status |
| Special Instructions to I | Filing Officer: | |
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| ^p.ip | | 707 SOUTH MARINA PALMS INVESTMENT, LLC | | | | | | | |
| SUBJE | CI: | Name of Lim | ited Liability Company | | | | | | |
| The enc | losed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | | | | |
| Please r | etum all correspo | ndence concerning this matter | to the following: | | | | | | |
| | JOSE A CABRERA | | | | | | | | |
| | | | Name of Person | | | | | | |
| | | | Firm/Company | | | | | | |
| | | 2950 | GLADES CIRCLE UNIT 7 | | | | | | |
| | | | Address | | | | | | |
| | | | City/State and Zip Code | | | | | | |
| | | iosec | cabreraj@gmail.com | | | | | | |
| | | | to be used for future annual report notification) | | | | | | |
| For furt | her information o | oncerning this matter, please c | all: | | | | | | |
| JOSE A | CABRERA | | 954 213-5258 at () | | | | | | |
| | Name o | f Person | Area Code Daytime Telephone Number | | | | | | |
| Enclose | d is a check for th | ne following amount: | | | | | | | |
| ■ \$25 | i.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | | | | | |
| | Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I | Section corporations 7 | 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

| 707 SOUTH MARINA PALMS | INVESTMENT, LLC | |
|--|---|---|
| (Name of the Limited Liability Compa (A Florida Limited L | ny as it now appears on our records.) .iability Company) | ~ |
| The Articles of Organization for this Limited Liability Company Florida document number $\frac{L17000023748}{L17000023748}$. This amendment is submitted to amend the following: | were filed on <u>01/30/2017</u> | 2020 FILED and asset 22 PM |
| A. If amending name, enter the new name of the limited liabi | lity company here: | . က က က |
| The new name must be distinguishable and contain the words "Limited Liability Contains the words "Liability Contains the words " | ity 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 a agent and/or the new registered office address here: | address on our records, <u>enter tl</u> | he name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | | rida Zip Code |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and provided for in Chapter 605, F. | I I am familiar with and .S. Or, if this document is |

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 |
|--------------|-------------------------|--------------------------------|---|
| AMBR | MAYRA A MARCANO | 2950 GLADES CIRCLE UNIT 7, WES | TON FL 33327 ■ Add |
| | | | Remove 20 OChange 22 CON EL 33327 |
| AMBR | JOSE A CABRERA | 2950 GLADES CIRCLE UNIT 7, WES | 100 FL 33327 |
| | | | ∰ cn □ Romove |
| (D.D. | ACCES ANTECNICO CARREDA | | |
| AMBR | JOSE ANTONIO CABRERA | 2950 GLADES CIRCLE UNIT 7, WES | |
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| MGR | JOSE A CABRERA | 2950 GLADES CIRCLE UNIT 7, WES | - |
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| If an effective Note: I | ve date, if other t ctive date is listed, the If the date inserted i ent's effective date | date must be spe in this block do | cific and cannot es not meet t | ot be prior to he applicab | date of filing o | r more than 90 ling require | (option:) days after fili ments, this da | ng.) Pursuant | to 605.020 be listed a | 97 (as t' |
| e record ord is file | l specities a delayed ed. | l effective date, | but not an ef | Tective time | e, at 12:01 a.i | m, on the ear | lier of: (b) | The 90th day | y after th | e |
| Dated C | OCTOBER 16TH | | . 20 | 30 | $\cdot \left(\right) $ | |) | | | |
| Dateu _ | | | / | 1/21 | $-\cup$ | \sim | / | | | |

Filing Fee: \$25.00

Typed or printed name of signee