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| (Re | questor's Name) | |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 2, 2021

748NE114 LLC 605 LINCOLN RD STE 420 MIAMI BEACH, FL 33139

SUBJECT: 748NE114 LLC Ref. Number: L17000070152

We have received your document for 748NE114 LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L09000015676 ACT CMG DEVELOPMENT LLC.

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.

Yasemin Y Sulker Regulatory Specialist III

Letter Number: 021A00018149

COVER LETTER

TO:

Registration Section

| • • | stration Se sion of Cor | rporations | | |
|------------------|----------------------------|--|---|--|
| SUBJECT: | 748NE114 | | | |
| SUBJECT. | | | nited Liability Company | |
| The enclosed | Articles of | Amendment and fee(s) are sul | smitted for filing | |
| | | ondence concerning this matter | , | |
| r rease retain a | m correspo | machee concerning this matter | to me tonowing. | |
| | | Steven E. Varela, Esq. | | |
| | | | Name of Person | |
| | | Kellermann Varela PL | | |
| | | | Firm/Company | |
| | | 605 Lincoln RD, STE 420 |) | |
| | | | Address | |
| | | Miami Beach, FL 33139 | | |
| | | | City/State and Zip Code | |
| | | steven@kv-pl.com | | |
| | | | to be used for future annual report no | tification) |
| For further inf | ormation c | oncerning this matter, please c | all: | |
| Steven E. Var | ela | | 305 672-3134 | |
| _ | Name of | f Person | at () Area Code Daytii | me Telephone Number |
| Enclosed is a c | heck for th | ne following amount: | | |
| ■ \$25.00 Fil | | ☐ \$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) |
| | ng Address stration S | - | <u>Street Address:</u> Registration Se | ection |
| Divis | sion of Co | orporations | Division of Co | rporations |
| | Box 632° hassee, F | | The Centre of 7415 N. Monro | Tallahassee be Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 748NE114 LLC | | |
|---|---|---------------------------|
| (<u>Name of the Limited Liability</u> (A Florida I. | Company as it now appears on our records.) Jimited Liability Company) | |
| The Articles of Organization for this Limited Liability Cor | mpany were filed on MARCH 28, 2017 | and assigned |
| Florida document number 1.17000070152 | <u>.</u> | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | ed liability company here: | |
| 748 Developments, LLC | | |
| he new name must be distinguishable and contain the words "Limite | ed Liability Company," the designation "LLC" or the ab | obreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRE | (22) | |
| | | |
| | • | . 12 |
| | بند م | 02 |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | <u> </u> | - Continu |
| | > • | |
| | Ε.Ε. | |
| 3. If amending the registered agent and/or registered o | office address on our records, enter the n an | တ္ Reof the new regist |
| gent and/or the new registered office address here: | — | <u> </u> |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | Florida | |
| | 1 10t1da | Zin 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> | Name | Address | Type of Action |
|--------------|------|-------------|----------------|
| | | | □Add |
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| Fective date, if other than the date of filing: (uptional) In efficience date is fiscal, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. I Parsant to 695.02 Ite; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed cument's effective date on the Department of State's records ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the field. October 26 | | | | | | | | | | |
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