

Division of Corporations

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L17 0000 87391

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H: 73002787763A-000

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To: Division of Corporations  
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Email Address: corporations@svianos.comLLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CENTURY PARK FLORIDA INVESTMENT 3 LLC

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Corporate Filing Menu

Help

2017 OCT 25 AM 7:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

OCT 26 2017  
J. C. JONES



October 24, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CENTURY PARK FLORIDA INVESTMENT 3 LLC  
11402 NW 41 STREET  
211-634  
DORAL, FL 33178US

SUBJECT: CENTURY PARK FLORIDA INVESTMENT 3 LLC  
REF: L17000087391

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

PAGE 1 AND 3 IS MISSING.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Jenna D Harris  
Regulatory Specialist II

FAX Aud. #: H17000278776  
Letter Number: 517A00021380

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

CENTURY PARK FLORIDA INVESTMENT 3 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 04/19/2017 and assigned  
Florida document number L17000087391.

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)

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TALLAHASSEE, FLORIDA

**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

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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	Florida United Property LLC	11402 NW 41 Street	<input checked="" type="checkbox"/> Add
		Suite 211-634	<input type="checkbox"/> Remove
		Doral, Florida 33178	<input type="checkbox"/> Change
MGR	ARIAS LAZO, LUIGI	11402 NW 41 Street	<input type="checkbox"/> Add
		Suite 211-634	<input checked="" type="checkbox"/> Remove
		Doral, Florida 33178	<input type="checkbox"/> Change
MGR	YCAZA ONETO, GISELLA	11402 NW 41 Street	<input type="checkbox"/> Add
		Suite 211-634	<input checked="" type="checkbox"/> Remove
		Doral, Florida 33178	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated October 16 2017

Signature of a member or authorized representative of a member

Luigi Arias Lazo

Typed or printed name of signee

אברהם יצחק בן יצחק