

L170002680151

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : TAX PLACE
Account Number : 120100000011
Phone : (954)369-4444
Fax Number : (954)369-4446

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CREATESTAYS LLC**

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DIVISION OF CORPORATIONS

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Corporate Filing Menu

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Createstays 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 05/23/2017 and assigned Florida document number L17000114151.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

17501 Biscayne Blvd, suite 500
Aventura - FL 33160

Enter new mailing address, if applicable:

17501 Biscayne Blvd, suite 500
Aventura - FL 33160

- 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: TAXPLACE LLC

New Registered Office Address:
1860 WEST HILLSBORO BLVD
DEERFIELD BEACH, FL 33442

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 positions 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

AMBR= Authorizes Member:

Title Name
MGR RAQUEL BERNARDES DIAS

Address
VIA F. SFORZA, 48
MILANO, IT 20122
IT

Type of Action
REMOVE

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C. If amending any other information, enter changes(s) here: (Attach additional sheets, if necessary.)

D. Effective date, if other than the date of filing: 10/11/17 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filing date and cannot be more than 90 days after the date this document is filed by the Florida Department of States)

Dated: 10/11/17

x 
Signature of a member or authorized representative of a member

NICOLA FORMAGGIO - MANAGER

Typed or printed name of signer

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