L17000184602

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1ECRETARY OF STATE

Y. SCOTT AUG 1 9 2023

COVER LETTER

ro: Registration Se		. •	
Division of Cor	evelopment, LLC		
SUBJECT:		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jamal Kazbour		
	· 	Name of Person	
	21 South Development, LL	С	
		Firm/Company	
	1326 E Lumsden Rd		2023 SE(T
		Address	TI TI
	Brandon, FL 33511		N 1200
		City/State and Zip Code	7 PH 3
	jkazbour@cornichedev.com	to be used for future annual report notification	FSTA 3: C
For further information c	oncerning this matter, please ca		1E 8(
Jamal Kazbour	,	813 352-2232	
Name o	f Person	at () Area Code Daytime Telep	hone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		Street Address: Registration Section	
Division of C	Corporations	Division of Corporati The Centre of Tallah	
P.O. Box 632 Taliahassee,		2415 N. Monroe Stre	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 South Development, LLC	
(Name of the Limited Liabi (A Florid	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability (Iorida document number L17000184602	Company were filed on August 29, 2017 and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	ited liability company here:
Corniche Development, LLC	
he new name must be distinguishable and contain the words "Li	nited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
Principal office address MUST BE A STREET ADD	RESS)
	>C 3
Enter new mailing address, if applicable:	N/A 27 1
Mailing address MAY BE A POST OFFICE BOX)	SET PH
maning duaress may be at 1 001 011100 both	
B. If amending the registered agent and/or register agent and/or the new registered office address here	d office address on our records, <u>enter the name of the new regist</u> e
Name of New Registered Agent: N/A	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:
provisions of all statutes relative to the proper and accept the obligations of my position as registered	t and agree to act in this capacity. I further agree to comply with complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is red office address, I hereby confirm that the limited liability
	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
			□Remove
			□Change
			□ Remove
	<u> </u>		ARY OF STATE Remove
			Change
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

Page 2 of 3

Effective date, if other than the date of filing: (optional) (If an official value is island, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 Moster if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed adocument's effective date on the Department of State's records. The 90th day after the record is filed. Dated July 25 2023 Nignature of a member or authorized representative of a member				
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	July 25 Dated	2023		
Signature of a member or authorized representative of a member	07/			
	11/2			

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Filing Fee: \$25.00