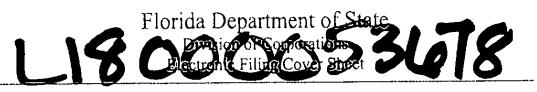
4/28/22, 9:50 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000153575 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CUEVAS, GARCIA & TORRES, P.A.

Account Number : I20030000123 Phone : (305)461-9500 Fax Number : (786)362-7127

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 EG2 HOMES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00



H220001535753

To: 8506176383

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EG2 HOMES LLC	I I I I I I I I I I I I I I I I I I I	- a of the same and and and another	· · · · · · · · · · · · · · · · · · ·	_	
(Name of the Limit	(A Florida Limited I	ny as it now appears on our records. Liability Company)	±/		
The Articles of Organization for this Limited Li	ability Company	were filed on March 2	2018 and	assigno	:d
Florida document number L18000053678	·				
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	f the limited liab	ility company here:			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity 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)		1600 PONCE DE LEON BLVD, STE 1106			
		CORAL GABLES, FL 33134			
		ACON PONCE DE LEON PLAN	> CTU 1106		·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1600 PONCE DE LEON BLVD, STE 1106			
		CORAL GABLES, FL 33134			
B. If amending the registered agent and/or agent and/or the new registered office address. Name of New Registered Agent: New Registered Office Address:	cuevas, ga	RCIA & TORRES, P.A. PALL DRIVE, SUITE 680		2022 APR 28	egistered
		Enter Florida street addres	=		
	MIAMI	, Flo	orida <u>33156 : .</u>	<u>بب</u>	
		City	Zip C	ones	

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.

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: #22000153575 3

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	CESAR, ALEXANDRE	432 COMO AVENUE	□ Add
	-	CORAL GABLES, FL 33146	= Remove
			□Change
MGR	NELSON, DELGADO	1600 PONCE DE LEON BLVD, STE 1106	\exists Add
		CORAL GABLES, FL 33134	□Remove
			DAdd
			□Remove
			Change
			E Add
			🗆 Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

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Effer	tive date, if other than the date of filing:(optional)
٠.	ffective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
<u>Note</u> docu	ent's effective date on the Department of State's records.
rec	ord 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
rd is	filed.
Date	d April 27, 12022.
	Signature of a member or authorized representative of a member