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.

(((H210003061243)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146

Phone : (305)444-4994 Fax Number : (305)444-4977

**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 GRAND ALLURE PROPERTY MANAGEMENT, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help



August 16, 2021

FLORIDA DEPARTMENT OF STATE

GRAND ALLURE PROPERTY MANAGEMENT, LLC 655 WEST FLAGLER STREET SUITE 202 MIAMI, FL 33130

SUBJECT: GRAND ALLURE PROPERTY MANAGEMENT, LLC

REF: L18000061786

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.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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 $cal\bar{1}$ (850) 245-6939.

FAX Aud. #: H21000306124 Agnes Lunt Letter Number: 621A00019558 Regulatory Specialist III

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRAND ALLURE PROPERTY M						
(<u>Name of the Limi</u>	ed Liability Compa (A Florida Limited I	ny as it now appears on nability Company)	our records.)			
The Articles of Organization for this Limited I. Florida document number 1.18900061786	iability Company		018	and as	ાંદ્રાપ્ટર્પ	
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name of						
The new name must be distinguishable and contain the v	vords "Limsed Liabi	lity Company," the design	iation "LLC" or the	abbreviation [1	<u> 1 c., , </u>	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		8100 OAK LN				
		#201				
		MIAMI LAKES, FI	. 3304n			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8100 OAK LN #201				
		MIAMI LAKES, FL 33016				
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	registered office ss here: MIGUEL PER		rds, <u>enter the no</u>	ime of the no	" reg 2821 AL	istered
New Registered Office Address:	S100 OAK LN	00 OAK LN #201 Enser Florida sirver address		- 	<u> </u>	⇒ר
	MIAMI EAKE		sirrei address , Florida	SS : 33016 (**)	6 PH 2	IL EB
New Registered Agent's Signature, if changing	Registered Agent	<u>.</u>			1 2: 53	
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	istered agent as registered office	provided for in Cho	ipter 605, F.S. C	r, if this dos	umen	

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
MGR	ARIADNE GONZALEZ	655 WEST FLAGLER STREET	
		MIAMI, FL 33130	■Remove
			□Change
MGR	MIGUEL PEREZ	340 W FLAGLER STREET	
		1410	□Remove
		MIAMI, FL 33130	
			□AdJ
			□Remove
			TAdd
			□Remove
			I Change
		-	Add
			ZRemeye
			Change
			□ Add
			DRemove
			II Change

D. If amending any other information, enter change(s) here: vAttach additional sheets, if necessary	·.)	
		=
	 - ·	
		_
		-
		_
		_
		-
		_
		-
		-
	<u></u>	_
		_
		_
E. Effective date, if other than the date of filing: (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	yıll not be li	ista as the
F. The date of adoption is: July 27, 2018	<u>, ¥</u> 3.	2821
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The record is filed.	he 90 dituday af	Alle Fr
)	33EE	FILEB
Daive		
100 miles	亡の元	$\ddot{\sim}$
Signature of a member or authorized representative of a member	—— ——	53
ARIADNE GONZALEZ Typed or printed name of signee	· · · · · · · · · · · · · · · · · · ·	
Lyped of primed name of signer		