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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PAGIO'S & ASSOCIATES, LLC

Account Number : I20100000043 Phone : (305)397-8553 Fax Number : (305)397-8521

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

Email Address: Ste. cortes@gmail.com

JG 12 PM12: 49

SECRETARY SEED IN USES ALLAHASSEED IN ORIĐA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MIAMI SHORES PALMS, LLC

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

FILE B

COVER LETTER

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TO: Registration So Division of Co			
0 f 1 th 1 f 1 f 1 f 1 f 1 f 1 f 1 f 1 f 1 f 1	HORES PALMS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The englared Articles of	Amendment and fee(s) are sub	mitted for filing	
	ondence concerning this matter		
	STEPHANIE C. CORTES		
		Name of Person	
	MIAMI SHORES PALMS	S, LLC	
		Firm/Company	
	1033 LENOX AVE, APT	309	
		Address	<u></u>
	MIAMI BEACH, FL 3313	9	
		City/State and Zip Code	
	STE.CORTES@GMAIL.C		
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	incation)
STEPHANIE C. CORT		305 343-9961	
Name	of Person	at (ne Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Piling Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Se	ection
Division of (Corporations	Division of Co	rporations
P.O. Box 63 Tallahassee,		The Centre of 2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H210003050513

MIAMI SHORES PALMS, LLC			-		
(Name of the Limite	d Llability Compar (A Florida Limited L	ny as it now appears on iability Company)	our records.)		
The Articles of Organization for this Limited Li Florida document numberL18000069956	ability Company	were filed on <u>03/20/2</u>	2018	and assign	ned
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liabi	lity company here:			
The new name must be distinguishable and contain the w	ords 'Limited Liabil	ity Company," the design	nation "LLC" or the abbi	reviation "L.L.(2.11
Enter new principal offices address, if applic	1033 LENOX AVÉ	, APT 309			
(Principal office address MUST BE A STREE		MIAMI BEACH, F	L 33139		
				کار ا	<u>-</u>
Enter new mailing address, if applicable:		1033 LENOX AVE	, APT 309	AHASS	FIL.
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI BEACH, F	L 33139	<u> </u>	
B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office a	address on our reco	rds, enter the name	of the new	Fregistered
Name of New Registered Agent:	NIDIA L. COR	TES			
New Registered Office Address:	New Registered Office Address: 1033 LENOX AVE, APT 309				
110 W I LOGISTON CO. C. 1149 J ZON CO.		Enter Florida .	street address		7 72
	MIAMI BEAC		Florida	39	
		City		Zīp 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each unrecords:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	NIDIA L. CORTES	1033 LENOX AVE, APT 309	≡ Add
		MIAMI BEACH, FL 33139	□Remove
			□ Change
AMBR	DONALD R. AUSTIN	1033 LENOX AVE, APT 309	🗏 Add
		MIAMI BEACH, FL 33139	□Remove
			□ Change
AMBR	STEPHANIE C. CORTES	1033 LENOX AVE, APT 309	
		MIAMI BEACH, FL 33139	Псточе
			= Change
			□Remove
			Change
		<u> </u>	□Add
			□Remove
			Change
			□ Remove
			Change

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If amending any othe	r information, enter change(s) here: (Attach additional sheets, if neces	sary.)	
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If an effective date is listed, Note: If the date inserts	er than the date of filing: AUGUST 12, 2021 (option, the date must be specific and cannot be prior to date of filing or more than 90 days after the different prior to date of filing or more than 90 days after the different prior to date of filing or more than 90 days after the different prior to date of filing or more than 90 days after the date on this block does not meet the applicable statutory filing requirements, this are on the Department of State's records.	filing.) Pursuant to 60	05.0207 sted as
e record specifies a dela rd is filed.	eyed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	· ¬	
id is fifed.		2821 St. 7 ALL	
Dated	, 2021	AUC ABA	
Λ.		SETTAUG 12 PM 12: 49	FILED
- \	Signature of a member or authorized representative of a member	P. P.	G 3
STEPHANI	IE C. CORTES	172:	
0) 51 11/11/11	Turned as policid name of signer	- 	

Filing Fee: \$25.00