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C. GOLDEN AFR 1 7 2020

COVER LETTER

Division of Corp	orations		
SUBJECT:	ner State Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter (to the following:	
	<u> 4000</u>	VG RUTZ Name of Person	
		State CC Firm/Company	
	WH CRI	Address	
	Miami fl	City/State and Zip Code	
	COV rev Sto	o be used for future annual report n	otification)
For further information con	ncerning this matter, please ca	ill:	
adira R	UIZ Person	at (186) 473 Area Code Dayt	ime Telephone Number
Enclosed is a check for the	following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

2020 ATT 13 FYTH: 37

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 5, 2020

MIGUEL A ALBAN 150 NW 71ST STREET MIAMI, FL 33150

SUBJECT: CORNER STATE, LLC Ref. Number: L18000085845

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You may file with only one (1) registered and only one (1) signature.

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 call (850) 245-6050.

Letter Number: 320A00004936

Claretha Golden , Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	2):3:17 13 Aii 9: 40
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>1800085845</u> .	were filed on April 4, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	150 NW 71 St Miami Fl 33150
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	150 NW 71 ST Miami Fl 33150
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NW 71 St Enter Florida street address
Mia	City Storida 33150

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 person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

. Title	<u>Name</u>	Address	Type of Action
MGR	Joel A Rivera	253 NE 2nd St	□Add
		APT 509	Remove
		Miami +1 33/32	□ Change
MGR	Yadira Ruiz	150 NW 7/51	XAdd
	1	Miami Pl 33150	□Remove
			□Change
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n effective dat o <mark>te:</mark> If the da	e is listed, the dat te inserted in the	the date of fi e must be specific his block does n he Department	and cannot be of meet the a	prior to date o pplicable stat	filing or more utory filing re	than 90 days a	ptional) ifter filing.) Pu this date will	rsuant to 605.0207 I not be listed as
s filed.	·	ective date, but					(b) The 90	th day after the
led A	pril7,	20 20 WCUL Signature of	<u>20</u>	<u> 20</u> .				
		UCCUL O Signature of	11000 of a member or	authorized re-	presentative of	ı member		
			que1		1600	-		