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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KATZ BARRON Account Number : 072627002473 : (305)856-2444 Phone Fax Number : (305)860-2588

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

adam@katzbarron.com Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CENTURY MIDTOWN PROPERTIES LLC

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K. SALY

SEP 1 8 2024

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Century Midtown Properties LLC			
(Name of the Limited Lability Comp (A Florida Limited	pany na it now apprears on pur records.) d Liability Compony)		
The Articles of Organization for this Limited Liability Company Florida document number L18000098937			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	645 Madeira Ave.		
(Principal office address MUST BE A STREET ADDRESS)	Coral Gables, FL 33134		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	645 Madeira Ave.  Coral Gables, FL 33134		
agent and/or the new registered office address here:	e address on our records, enter the name of the new registere		
While Of New Repsided Agent.			
New Registered Office Address: 645 Madeira A	Avc.  Enter Fluridu street address		
	<b></b>		
Coral Gables	City Florida 33134 Zip 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.

Signature of New Registered Agent

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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

Ilthe	Name	Address	Type of Action
MGR	Sergio Pino	1805 PONCE DE LEON BLVD., #100	CJAdd
		Coral Gables, FL 33134	= Remove
			☐ Change
MGR	Joseline Pereira	1805 PONCE DB LEON BLVD., #100	C] Add
		Coral Gables, FL 33134	■ ■Remove
			☐ Change
MGR	Nancy Pastor	645 Madeira Ave.	□ Add
		Carsi Gables, FL 33134	CRemove
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			Change

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fective date, if other in effective date is listed, the	in this block does not	t meet the applicable in	of filing or more than 90 distutory filing requirement	(optional) ays after fillog.) Pursuard ents, this date will not i	to 605.0207 (3)(b) ne listed as the
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