Electronic Filing Cover Sheet

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(((H18000173062 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: CORPORATE CREATIONS INTERNATIONAL INC Account Name

Account Number : 110432003053 : (561)694-8107 Phone : (561)694-1639 Fax Number

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 CONTINUUM SOUTH POINTE 1110 LLC

A THE PARTY OF THE	- Private British Military 14: N. 4. 9. 4. 9. 4.
Certificate of Status	0
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Estimated Charge	\$25.00

K. SALY

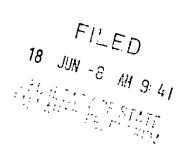
JUN 1 1 2018

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CONTINUUM SOUTH POINTE 11			
(Name of the Limited	d Clabillty Company A Florida Linuted Lial	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Lia Florida document number L18000116984	ability Company w	ere filed on 05/11/2018	and assigned
	··		
This amendment is submitted to amend the follo-	wing:		
A. If amending name, enter the new name of	the limited liabili	ty company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability	Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	ible:		
(Principal office address MUST BE A STREET	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	8 <i>0X</i>)		
			
B. If amending the registered agent und/oregistered agent and/or the new registered of	or registered offi <u>fice address here</u> :	ce address on our records, e	nter the name of the r
Name of New Registered Agent:			
New Registered Office Address:	 	Enter Florula street oddress	
		, Florid	
		City	Zio 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 statues 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

<u>Title</u>	Name	Address	Type of Action
President	Raul Sanchez Elia	600 BRICKELL AVE., STE. 1570	 _ Add
		MIAMI, FL 33131	Remov e
			Char.ge
	.		□ Add □ Remover □
			Change OD M
			Change
			Remove
			□ Change
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			Remove
			Change

			
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rtive date, if other than the date of fili ffective date is listed, the date must be specific a 1 If the date inserted in this block does not ment's effective date on the Department of	meet the applicable sta	of filing or more than 90 days af	i tional) ler filing) Pursuant to 605.0 his date will not be listed
ecord specifies a delayed effective e 90th day after the record is filed	date, but not an e i.	ffective time, at 12:01	a.m. on the earlier
d June 7th	2018		
Much			
	a manufact or such ocided to	presentative of a member	

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Filing Fee: \$25.00