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PICK-UP	WAIT	MAIL
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18 AUG -6 AM 9: 37 SECRETARY OF STATE LALLARISSEE, FLORIDA

O STAMAMONS AUG 1 : 2019

COVER LETTER

Division of Corpor	rations		
SUBJECT:	CORNER PROPE Name of Limited Li	RTY OWNER LL ability Company	<u></u>
The enclosed Articles of Art	nendment and fee(s) are submitted	I for filing.	
Please return all corresponde	ence concerning this matter to the	following:	
	Ara	Name of Person	
	16 CORNER	PROPERTY OWNE	RUC
	7272	NE 6th COUR	t Apt 10.
	Miami	FL 33138 9/State and Zip Code	
-		Na Ogman. Issed for future annual report notification	
For further information conc	eerning this matter, please call:		
Amando Name of Po	u Bonvecchio		ohone Number
Enclosed is a check for the f	Collowing amount:		
\$25.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO

10	
ARTICLES OF ORGANIZATION	
OF	

(Name of the Limited Liability Compar (A Florida Limited I.	ıv as it now appears on ot lability Company)	ır records.)		
The Articles of Organization for this Limited Liability Company were filed onand assigned Florida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designat	ion "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:		6 m		
(Mailing address MAY BE A POST OFFICE BOX)		3 <u>3</u>		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:		records, enter the name of the n		
New Registered Office Address:				
New Registered Office Address.	Enter Florida str	eet address		
		, Florida		
No. 10 Project April 20 City and 20 City and 20 Project April 20 Project A	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	ze to act in this capac performance of my d	ity. I further agree to comply with uties, and I am familiar with and		

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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		Miami FL 3317	36 <u>≉</u> Remove
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Signature of a member of authorized representative of a member	-	Signature of a memb	er of authorized rep	esentative of a member	· -

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Filing Fee: \$25.00