Division of Corporations Electronic Filing Cover Sheet -----

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To:

Division of Corporations

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Account Name : CORPORATE CREATIONS INTERNATIONAL

Account Number : 110432003053

: (561)694-8107

Fax Number

: (561)694-1639

**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 GARDEN ESTATES LLC

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Certificate of Status	0
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NOV 26 2018 EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

PAGE 02/04

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GARDEN ESTATES LLC (Name of the Limited Liability Com (A Florida Limite)	pany as it now appears on our records d Linbility Company)	<i>w</i>
The Articles of Organization for this Limited Liability Compar Florida document number L18000265054		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lit	ability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2010
B. If amending the registered agent anti/or registered registered agent and/or the new registered office address t	l office address on our record here:	is, enter the name of the r
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida straet addre	
		Torida
	City	2000

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 duttes, 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 heing 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

PAGE 03/04

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
Т	DORIS M. RESTREPO	2751 SW 152 CT	□ Add
		MIAMI, FL 33185	□ Remove
			■ Change
			□ Add
			Remove
			□ Change
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	·		Change
			SS 2 C
			Francisco C
			□ Add
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			☐ Remove
			Change

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). If amending any other information, enter change(s) here: (Attach additional sheets, if r	necessury.)
	2016
	(SS) 21
	TO A
	OF STATE
E. Effective date, if other than the date of filing: (If an effective date is lated, the date must be specific and cannot be prior to date of filing or more than 90 days Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records	optional) after filing.) Pursuant to 605.0207 (3Xb) s, this date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12: (b) The 90th day after the record is filed.	01 a.m. on the earlier of:
Dated November 21st 2018	
Signature of a member or authorized representative of a member	
Carlos M Alvarez, Attorney-in-Fact Typed or printed name of signer	

Page 3 of 3

Filing Fee: \$25.00