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COVER LETTER

Registration Section

TO:

Division of Co	rporations	-	
750-753 C	rystal River LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Ahial Ballastaras		
	Abiel Ballesteros		
		Name of Person	
	750-753 Crystal River LL	C	
		FirmyCompany	
	5805 Blue Lagoon Drive,	Suite 178	
		Address	
	Miami, FL 33126		
		City/State and Zip Code	
	abiel@uniteddreamre.com		
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all;	
Abiel Ballestero		786 355-6646	
Name of Person		at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (#dditional copy is enclosed)
Mailing Address Registration S Division of C	Section Corporations	Street Address: Registration Se Division of Co	rporations
P.O. Box 632 Tallahassee, l		The Centre of 7 2415 N. Monro	l allanassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

750-753 Crystal River LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records. Limited Liability Company)	.)
	ompany were filed on January 14, 2019	and assigned
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)		
The Articles of Organization for this Limited Liability Company were filed on January 14, 2019 and assigned Florida document number L19000015491 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here:		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	202
(Principal office address MUST BE A STREET ADDR	ESS)	HAT AR
Enter new mailing address if applicable		
	office address on our records, <u>enter tl</u>	he name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	City	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.

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
MGR	Frank Alvarez	5805 Blue Lagoon Drive, Suite 178	
		Miami, FL 33126	■Remove
			□Change
MBR	Frank Alvarez	5805 Blue Lagoon Drive, Suite 178	≅ Add
		Miami, FL 33126	□Remove
			Change
			□Add
			□Remove
			Change SEC
			AFERAS
			Remove AH COAN Denange
			2≥ Genange
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		<u> </u>	□Remove
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If an effective da Note: If the d	e, if other than ate is listed, the date late inserted in th ffective date on th	e must be specif iis block does	fic and canno not meet th	he applicab	date of filing le statutory	or more than filing requi	(option 90 days after frements, this	iling.) Pursuar	n to 605.0 be listed	0207 (d as (
e record specif rd is filed.	fies a delayed effe	ective date, bu	it not an ef	fective time	e, at 12:01 a	a.m. on the e	earlier of: (b)	The 90th d	ay after	the
Pebruar Dated	гу 26	i/_	202) 4 ()	20	. •					
		<i>'''</i>	'\'							
		Signature	of a member	er or authoriz	zed represent	ative of a me	mber			

Filing Fee: \$25.00