

Division of Corporations

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L19000021328 Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : COHTADORSUNNYVISLES.COM INC
Account Number : I2020000118
Phone : (770)928-2700
Fax Number : (770)928-2700

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
11595-65 LLC

Certificate of Status	0
Certified Copy	0
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2020 JUL 30 PM 12:22

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2020 JUL 30 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FL

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JUL 31 2020

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

11595-65 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/30/2019 and assigned Florida document number L19000027328.

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 "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)

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TALLAHASSEE, FL

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: CSI RA LLC
New Registered Office Address: 15805 BISCAYNE BLVD STE 201
Enter Florida street address
AVENTURA, Florida 33160
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.

Paloma Duarte Ponce
If Changing Registered Agent, 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ARGUELLO, PATRICK A	2037 NE 163RD STREET	Add
		NORTH MIAMI BEACH, FL 33162	Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change

2020 JUL 30 AM 11:57
 STATE OF FLORIDA
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 REMOVE
 CHANGE
 ADD
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