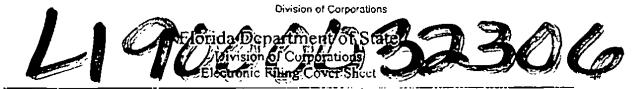
From: 9545833259

2/28/2019



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000068583 3)))



H190000685833ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : MILBERY & KESSELMAN CPAS, LLC

Account Number : 120180000053 Phone : (954)583-3223 Fax Number : (954)583-3259

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CREAM 23 LLC

<del>annonymistry for the selection of the s</del>

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

O SIMMONS

(H190000685833)

## **COVER LETTER**

	Registration Sc Division of Cor			
erin sez	CREAM 22	B, LLC		
SUBJEC	۱:	Name of Lim	ited Liubility Company	<del>_</del>
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	tum ali correspo	ndence concerning this matter	to the following:	
		JUAN LOPEZ		
			Name of Person	
		CREAM 23, LLC		
		-	Firm/Company	<del></del>
		917 NW 79 TERRACE		
		·	Address	, ct i i i i i i i i i i i i i i i i i i
		PEANTATION, FL 33324	ı	
			City/State and Zip Code	
		TATO@CENTROWYNW		
		E-mail address: (	to be used for future annual report not	ification)
For furth	ner information e	oncoming this matter, please c	ali:	
JUANI	.QPEZ.		954 687-2956 at ( )	
	Name o	f Person	Areu Code Duytim	te Telephone Number
Enclosed	J is a check for th	ne following amount:		
<b>■ \$</b> 25.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (udditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr	ING ADDRESS: Pation Section on of Corporations	STREET/COURI Registration Section Division of Corpor	on

P.O. Box 6327 Tallahassee, Ft. 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(H1 90000685833)

From: 9545833259

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(1119000068583 3)

CREAM 23 LLC	•
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number 1.19000032306	ompany were filed on 01/31/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limi	led Liability Company," the designation "LLC" or the sepreviation L.L.
Enter new principal offices address, if applicable:	10 E
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office addr  Name of New Registered Agent:	ered office address on our records, enter the name of the new
New Posistand Office Address	
New Registered Office Address:	Finur Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered	Agent:
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	and agree to act in this capacity. I further agree to comply with the implete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is a diffice address, I hereby confirm that the limited liability
1119000068583 3)	If Changing Registered Agent, Signature of New Registered Agent

2-28-19 11:36am p. 4 of 5

From: 9545833259

## 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

Fax audit # (1119000068583 3)

Title	Name	<u>Address</u>	Type of Action
MBR	RICHARD, LOPEZ	917 NW 79 TERRACE	
			D Add
		PLANTATION, FL 33328	~ .
			Remove
	•		☐ Change
MBR	Passakos, alex s	383 CITY VIEW DRIVE	
		FORT LAUDERDALE, FL 33311	<b>.</b>
			E Remove
			Change
MBR	SEKULOSKI, RISTE	5481 NW 90TH AVENUE	
	<del></del>	<u> </u>	
		SUNRISH, FL 33351	F/A PRemove
			THE T
			Change
	-n		- FIGURE OF
			9 9
			OH Dikeroare
			Change
	<del></del>		□ Add
			Change
			□ Add
			☐ Remove
Fax audit	#(H19000068583 3)		Change

15	Fax audit # (H19000068583 3)	h
ii amending any on	her information, enter change(s) here: (Attach additional si	neets, if necessary.)
	- 101	
<del></del>		
		<b> </b>
	76	10000000000000000000000000000000000000
	· · · · · · · · · · · · · · · · · · ·	<del></del>
		<u> </u>
		•
Effective date, if oth	ther than the date of filing:	(optional)
Note: If the date inse	cred in this block does not meet the applicable statutory filing requi	irements, this date will not be listed as
document's effective of	date on the Department of State's records.	
	is a delayed effective date, but not an effective time, ter the record is filed.	at 12:01 a.m. on the earlier of
	10	
Dated 2/27/1	<u>19 ,                                   </u>	
Dated 2/27/	19	

Page 3 of 3

JUAN LOPEZ
Typed or printed name of signee

(1119000068583 3)

Filing Fee: \$25.00