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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : 120180000086

Phone : (916)575-7000 Fax Number : (800)603-5868

\*\*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**

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T. CLINE

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cream 23 LLC		<u></u>
(Name of the Limited Liability Com (A Fiorida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on 1/31/2019	and assigned
Florida document number L19000032306		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	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)		
muning unared MAT DELTA 1 OF 1 OF 1 OF 1		- 6
B. If amending the registered agent and/or registered	office address on our records, e	nter the name of the ne
registered agent and/or the new registered office address }	<u>iere</u> :	2°
Name of New Registered Agent:		
		l <sub>+</sub> 7
New Registered Office Address:	Enter Florida struet address	
	. Floric	1a

## 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>	<u>Name</u>	Address	Type of Action
AMBR	Riste Sekuloski	548! NW 90th Avenue	Add
		Sunrise, FL 33351	Remove
			Change
AMBR	Richard Lopez	917 NW 79 Terrace	
		Plentation, FL 33328	Remove
			□ Change
AMBR	Giancarlo Aguilar	299 NW 23rd Street	<b>=</b> Add
		Miami, FL 33127	Remove
			Change
AMBR	Jose Estrada	299 NW 23rd Street	
		Miami, FL 33127	G Remoye
			Change
AMBR	José Carabalio	299 NW 23rd Street	Add □
<del></del>		Miami, FL 33127	□ Remove
			Change
AMBR	Kyle Lopez	299 NW 23rd Street	B Add
		Miami, FL 33127	Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective	date, if other than th	e date of filing:	(optional)		
(If an effect Note: If	ive date is listed, the date mu the date inserted in this b	ust be specific and cannot be prior to date of	filing or more than 90 days after filing.) Pursuan utory filing requirements, this date will not	it to 605.020 be listed a	17 (3)(b) .s the
					î
If the record	rd specifies a delaye Oth day after the re	ed effective date, but not an ef	fective time, at 12:01 a.m. on the	eafiler (	of:
(5) 17.0 2	J. 100, D. 100			<b>T</b>	
Dated	July 11		<b>:</b> :	No.	.#
		Giancarlo Aquill	ar	<b>47</b>	
		Signature of a member or authorized re-	resentative of a member		
	Giancarlo Aguilar				
		Typed or printed name of	of signee		

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