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.

(((H19000243641 3)))



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

Prom:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone : (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

CASA DE CAMPO 6V 52, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

ス. SALY AUG 1 6 2019

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CASA DE CAMPO 6V 52, LLC

(Name of the Limited Liab) (A Flori	lity Company as it now appears on our reco da Limited Liability Company)	ordş.)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on 02/18/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "Li	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD		
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 add	stered office address on our recor lress bere:	ds, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ēzz.
		Torida
New Registered Agent's Signature if changing Pagistora	City	Zip Code

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

Title	<u>Name</u> Yemelys Hernandez Padron	Address	Type of Action
MGR.	tomory of state and on	2001 SW 139 AVE	60 A 2 1
		MIAMI, FL 33175	
			□ Remove
			Change
			□ Add
			Remove
			Change
			D'Add C
			O Remove
			□ Change
			□ Remove
			Change
			□ Add
			Remove
		·	□ Change
			□ Remove
			☐ Change

			•
			•
			•
	<u> </u>		
			<u>.</u> .
		<u> </u>	5
			至2
			
<u> </u>			
			
fective date, if other than the effective date is listed, the date in	he date of filling:	(optional) dete of filing or more than 90 days after filing.) Pursuant to 605.0	
Sec. it ose date utzetted til till?	DIOCK does not meet the annicable	é statutore filiac convironmente, this does will and by Con-	7207 (; d as th
camon a checure date of the	Department of State's records.		
record specifies a delay	ed effective date, but not a	n effective time, at 12:01 a.m. on the earlier	r of
The 90th day after the re	ecord is filed.	and the contract of the contract of the contract	∪ 1.
August 15	2019		
ted	, 2017		
177/			
	Signature of a member or authorize		

Page 3 of 3

Filing Fee: \$25.00