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(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phon	ne #)
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(Do	cument Number)
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COVER LETTER

TO: Registration Sc Division of Cor			
CITY CE	NTRE CONDO UNIT 804, LL	.C	
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RAFAEL BISONO		
		Name of Person	
	CITY CENTRE CONDO	UNIT 804, LEC	
	·	Firm/Company	
	III E. MONUMENT AV	ENUE, UNIT 804	
	·	Address	
	KISSIMMEE, FL 34741		
		City/State and Zip Code	
	JACKSONBISONO@GM:	AIL.COM to be used for future annual report notification)	.
For further information c	oncerning this matter, please c		
RAFAEL BISONO		718 673-0836	
Name o	f Person	Area Code Daytime Telephone N	umber
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	.00 Filing Feet rtificate of Status & rtified Copy litional copy is enclosed)
<u>Mailing Addres</u> Registration S		Street Address: Registration Section	
Division of C	Corporations	Division of Corporations	
P.O. Box 632 Tallahassee, l		The Centre of Tallahassee 2415 N. Monroe Street, Su	iite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CITY CENTRE CONDO UNIT 8		
(Name of the Lim	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited I	Liability Company were filed on $\frac{05/26/202}{2}$	and assigned
Florida document number 1.19000143902	·	
This amendment is submitted to amend the fol		
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
-		
Enter new principal offices address, if appli		
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	E BOX)	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our records, <u>enter the ress here</u> :	name of the new regi
Name of New Registered Agent:	RAFAEL BISONO	
New Registered Office Address:	111 E. MONUMENT AVENUE, UNIT 804	
	Enter Florida street address	
	KISSIMMEE, Florida	347420
	City	Zin 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>	<u>Name</u>	Address	Type of	Action
MGR	RALPH SOTO	40 SHORE BLVD, APT 1F	≣ Add	ı
		BROOKLYN, NY 11235	□Ren	юче
			□Cha	กยูง
MGR	ANA L. DAVILA	20 PLAZA STREET E	□Add	1
		BROOKLYN, NY 11238	≣Ren	10ve
			□Cha	
			□Add) L
			:	
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THE NEW MANAGER/MEMBER RALPH SO TO WILL HAVE 30	% INTEREST IN THE CORPORATION.
	-
	- -
	c,
	2:
	=
JUNE 9, 2021	
rive date, if other than the date of filing:	(optional)
If the date inserted in this block does not meet the applicable statutor	
nent's effective date on the Department of State's records.	
rd specifies a delayed effective date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after
iled.	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
JUNE 9. 2021	

Typed or printed name of signee