⊙ 11/15/2021 1:09 PM~ 11/15/21, 4:07 PM

## lorida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

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.

(((H21000422226 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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*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 ROBERT KING HIGH, LLC

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

NOV 16 2021

A. LUNT

Electronic Filing Menu Corporate Filing Menu Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Compa</u> (A Florida Limited	
	iny as it now appears on our records.) Lubility Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 06/14/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2850 Tigertail Ave. Suite 800
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33133
Enter new mailing address, if applicable:	2850 Tigertail Ave, Suite 800
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33133
B. If amending the registered agent and/or registered office	address on our records, enter the name of the new registe
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address
Name of New Registered Agent:	
Name of New Registered Agent:	Enter Florida strect address, Florida City: Zip Code
	, Florida City Zip Code

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>	Name	Address	Type of Action
President	Perez, Jorge M.	2850 Tigertail Ave, Suite 800	
		Miami, FL 33133	Remove
			□Change
Vice President	Allen, Matthew	2850 Tigertail Ave, Suite 800	<b>©</b> Add
		Miami, FL 33133	□Remove
VP, Treasurer, Secretary	Hoyos, Jeffery	2850 Tigertail Ave, Suite 800	■Add
		Miami, FL 33133	Remove
			☐Change
Vice President	Perez, Jon Paul	2850 Tigertail Ave, Suite 800	■Add
		Miami, FL 33133	□Remove
Vice President	Del Pozzo, Tony	2850 Tigertail Ave, Suite 800	<b>≝</b> Add
		Miami, FL 33133	□ Remove
			□Change
Vice President	Milo Jr., Alberto	2850 Tigertail Ave, Suite 800	■Add
		Miami, FL 33133	Remove
			□Change

	2021 NOV   5 AM 10:
	AN 10:
	<u></u>
	÷
	<b>-</b>
fective date, if other than the date of filing: (options	ai)
n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing etc. If the date inserted in this block does not meet the applicable statutory filing requirements, this date	ing.) Pursuant to 605.0 ate will not be listed
cument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) is filed.	The 90th day after
November 15 2021	
ppl .	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00