LZO 0000 Z4811

	. (N)	
(Re	equestor's Name)	
(Ac	idress)	
· ·	,	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
_	_	_
(Bi	isiness Entity Nan	ne)
·	•	ŕ
(Do	ocument Number)	_
Certified Copies	_ Certificates	s of Status
· · · · · · · · · · · · · · · · · · ·		
Special Instructions to	Filing Officer:	
		ı

Office Use Only



700341700877

03/12/20--01014--010 **25.00

R. WHATE MAR 2 6 2020

COVER LETTER

	egistration Section vision of Corporations	
SUBJEC	: Corte Sol, LLC	
	Name of Limited Liability Company	
The enclo	ed Articles of Amendment and fee(s) are submitted for filing.	
Please ret	m all correspondence concerning this matter to the following:	
	Dave Bastian Name of Person	
	David A Bastian CPA	
	5327 Primrose Lake Circle	
	Tampa FL 33647 City/State and Zip Code	
	Hannaha DBastian (PA. (OM) E-mail address: (to be used for future annual report notification)	
	E-mail address: (to be used for future annual report notification)	
	information concerning this matter, please call:	
Do	Ve Bostian at (813) 978 - 8804 Name of Person Area Code Daytime Telephone Number	
	Name of Person Area Code Daytime Telephone Number	
. 1	a check for the following amount: Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is calcosed) Certified Copy (additional copy is enclosed)	tus &
	ailing Address: egistration Section Street Address: Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

0	F	
(Name of the Limited Liability Compa	O) LLC	2020 HAR 12 AH 9: 29
(A Florida Limited L	.iability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Company Florida document number 1200003481.	were filed on <u>50</u>	NUAYU 17th and assigned 2020
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	llity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		SAMS
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	ords, enter the name of the new registered
Well wild the transfer of the		
Name of New Registered Agent:	SAME	
New Registered Office Address:	Fue Plouida	street address
	Enter Piorida	\$ TISE F. I. seemon respo
	0	, Florida Zip Code
•	Ciţ	Lip Con

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

Title	Name	Address	Type of Action
MGR	BOB BRYAY	718 DIPLOMAT PRW	y Add
		Hallandale Beach	□Remove
			Change
nce	michelle Bryan		□Add
			□Remove
		<u>.</u>	□Change
			DAdd
			□Remove
			□Change
			C:Add
			⊡Remove
			Change
			DAdd
			[] Change
			🗀 Add
			[]Remove
			□ Change

). If ame	ending any other	information, e	nter change(s) here	e: (Attach addi	tional sheets.	if necessary.)
	We	are a	mendina	COL	te Si	علبلا	<u>C to</u>
•	have	both	awner	3		MICH	elle
•	Preuan	and	BOB B	ryan	WILL	be_	50 50
•	Olmar	S.					-
							·
	·						
							
							
				·			
							
Note	e. If the date inser	ted in this block d	of filing: pecific and cannot be pri nocs not meet the appl ment of State's record	ilcanic statutory	or grow than QA	(optional) days after filing sents, this date) ,) Pursuant to 605.0207 (; : will not be listed as th
If the rec	cord specifies a del s filed.	ayed effective dat	e, but not an effective	e time, at 12:01 a	.m. on the earl	lierof:(b) T	he 90th day after the
Date	ed		Mil	0	_		
		Sign	ature of a member or au	morize represent	ative of a memb)¢ſ	
			Michell	e Ba	ian_		

Filing Fee: \$25.00