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.

(((H20000292193 3)))



H200002921933ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:			
	Division of C		
	Fax Number	: (850)617-6383	
From:			
	Account Name	: CORPORATE CREATIONS INTERNATIONAL INC.	
	Account Numbe	r : 110432003053	
	Phone	: (561)694-8107	70
	Fax Number	: (561)694-1639	2020
	• • • • • • • • • • • • • • • • • • • •		-
			911
*Enter	the email addre	ss for this business entity to be used for	future
anı	nual report mai	lings. Enter only one email address please.*	*_
	•	•	_
Email Address:		_U	
٠,,,			Ÿ
		to a major species and the first of the first of the species of th	
			α

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CENTURION S MEMBER LLC

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

Electronic Filing Menu

Corporate Filing Menu



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CENTURION	S S MEMBER LLC	
(<u>Name of the Limited Linbili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number 1.20000032529	Company were filed on February 3, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	- CD
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7070 AUG 2U F
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, enter the	name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip 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 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		3323 N.E. 163 Street.	≅Add
		Suite 403	
		North Miami Beach, Florida 33160	☐ Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			☐ Change
			□Add
		□Remo □Chan □Add □Remo □Chan □Chan □Chan □Chan □Chan □Chan □Chan	[]Remove
			□ Change
<u>.</u>			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change

pg 4 of 4

		-				
						
					<u></u>	

				<u> </u>		
	<u></u>					
, <u></u>						
	······					
		c ms		(anti-	anal)	
lote: If the date inser	rted in this block do	of filing: pecific and cannot be prior oes not meet the applic ment of State's records	able statutory mi	more than 90 days after ing requirements, this	filing.) Pursuant to 605.0 s date will not be listed	207 i as
	laved effective date	e, but not an effective t	ime, at 12:01 a.m	n, on the earlier of: (b) The 90th day after	the
	ayea cribetive aut.					
d is filed.		2020		1		
d is filed.			Vik	4		
d is filed.		2020 , ature of a member or auth	Vik	ve of a member		