

Florida Department of State
 Division of Corporations
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L20000054457

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To:
 Division of Corporations
 Fax Number : (850)617-6383

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 Account Name : BAKER & HOSTETLER LLP
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2022 JUL 19 AM 9:17

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
8367 VIA ROSA, LLC

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

2022 JUL 18 PM 12:24

ADMITTED
AND
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 8367 Via Rosa, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Keith C. Durkin
Name of Person
Baker & Hostetler LLP
Firm/Company
200 South Orange Avenue, Suite 200
Address
Orlando, FL 32801
City/State and Zip Code
carina@finishmycondo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith C. Durkin at (407) 649-4005
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address:
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 OF

((H22000241872 3))

8367 Via Rosa, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on February 21, 2020 and assigned Florida document number L20000054457

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

8367 Via Rosa

(Principal office address MUST BE A STREET ADDRESS)

Orlando, FL 32836

Enter new mailing address, if applicable:

8367 Via Rosa

(Mailing address MAY BE A POST OFFICE BOX)

Orlando, FL 32836

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: CARINA RADONICH

New Registered Office Address: 8367 Via Rosa

Enter Florida street address

Orlando, Florida 32836

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 Changing Registered Agent, Signature of New Registered Agent

Handwritten signature of Carina Radonich

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	ARIEL D. TOMAT	17070 COLLINS AVENUE, SUITE 266B	<input type="checkbox"/> Add
		SUNNY ISLES BEACH, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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