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(Requ	estor's Name)	
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Glazlaia.

COVER LETTER . .

TO:

Registration Section Division of Corporations

SUBJECT:	Codina Homebuilding II & III I	Holdings, LLC	
3000EC1.	Name of Lin	nited Liability Company	-
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Nancy Hill		
		Name of Person	
	Codina Partners		
		Firm/Company	
	2020 Salzedo Street, 5t	h Floor	
		Address	
	Coral Gables, Fl. 3313	4	
		City/State and Zip Code	
	annualreports@cod		
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Nancy Hill		305 529-1320 at ()	
Name	of Person	Area Code Daytin	ne 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 Addre		<u>Street Address:</u> Registration Se	ction
Division of	Corporations	Division of Cor	rporations
P.O. Box 63 Tallahassee,		The Centre of T	Fallahassee e Street, Suite 810
i alluliassee,	1 5 35017	ZMIJ IN. MIQIHU	re succe, sunc att

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ng II & III Holdings, LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appea da Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	02/28/2020	and assigned
Plorida document number	·		
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the lir	nited liability company h	ere:	
Codina Homebuilding II Hold	lings, LLC		
he new name must be distinguishable and contain the words "Li	mited Liability Company," the o	lesignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
• • •			
<u>Principal office address MUST BE A STREET ADD</u>	<u> </u>		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
			t-
			7.7
3. If amending the registered agent and/or register	ed office address on our r	acards antar the no	ame of the new regist
gent and/or the new registered office address here:	:	ceords, enter the na	· · ·
			72
Name of New Registered Agent:			P.1 1: 35
Name of New Registered Agent.			
New Registered Office Address:			
	Enter Flor	rida 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
			□ Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
		□Remove	
			□Change
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		Remove	
			Change
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			□Change

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Effect	ive date, if other than the date of filing:
f an ef	ive date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ent's effective date on the Department of State's records.
e recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is fi	led.
احددا	Sortember 12 - 2001
Jaied	September 13, 2021.
	1/12/0000
	Signature of a member or authorized representative of a member
	Rafael Romero, Authorized Representative
	Typed or printed name of signee

Filing Fee: \$25.00