## LZC 000142920

(Re	questor's Name)	
(Ad	dress)	
(A d	dress)	<u> </u>
(Au	uiess)	
(Cit	y/State/Zip/Phone	e #)
<u></u>		
PICK-UP	WAIT	MAIL
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ua)	Siness Endty Ivan	iie)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

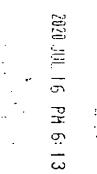
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AUG 27 2020 S. YOUNG

## **COVER LETTER**

TO: Registration S Division of Co			
CENTRAL	L PARK EMPRENDIMIENTO	LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	ALEX ORTIZ		
		Name of Person	
	E ALEX ORTIZ CPA, PA		
	<del></del>	Firm/Company	
	2727 PONCE DE LEON E	BLVD	
		Address	<del></del>
	CORAL GABLES, FL 331	134	
	ALEX@ALEXORTIZCPA	City/State and Zip Code	
	-	to be used for future annual report notific	cation)
For further information of	concerning this matter, please ca	all:	
ALEX ORTIZ, CPA		305 340-2000 at ( )	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
	_	□ <b>6</b> 55 00 mm n e	<b>D</b> \$60.00 EV. F
S23.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	JING ADDRESS: ration Section	STREET/COURIE Registration Section	

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CENTRAL PARK EMPRENDIM				
(Name of the Lim	ted Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.)		
•	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,	63	
The Articles of Organization for this Limited L	iability Company were filed o	n <u>5/26/2020</u>	and assigned	. • •
Florida document number L20000142920				
	'		٠,	
This amendment is submitted to amend the fol	lowing:		-14. -0	
			PH 6: 14	*
A. If amending name, enter the new name of	of the limited liability compar	<u>iv here</u> :		
			4	
The new name must be distinguishable and contain the	words "Limited Liability Company."	the designation "LLC" or the abbi	eviation "L.L.C."	_
_				
Enter new principal offices address, if appli-	cable:			_
(Principal office address MUST BE A STREE	ET ADDRESS)			
				_
Enter new mailing address, if applicable:				_
Mailing address MAY BE A POST OFFICE	<u></u>			
	_ <del></del>	·- · · · -		—
B. If amending the registered agent and	lar registered office address	e on our moonde anter t	ha nama af tha	
registered agent and/or the new registered o		s on our records, enter the	ie name of the	new
The state of the s				
	DATATE CAMOUTT			
Name of New Registered Agent:	RAFAEL SANCHEZ			_
New Registered Office Address:	10900 NW 21ST STREET, S	SUITE 190		
New Registered Office Address.	Ente	r Florida street address		_
	MIAMI	221	יי	
	Ciry	, Florida	Zip Code	_
	Cuv		ZID CORE	

## 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.

X VVV VV If Changing Begistered 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	EDUARDO MATHISON	10900 NW 21ST STREET. SUITE 190, MIAMI, FL 33172	<u></u>
			Remove
			□ Change
			□ Add
			Remove
			☐ Change
		Remove	
			□ Change
		<del></del>	Add
			□ Remove
			Change
	<del></del> -		
			□ Remove
			Change
			Remove
			Change

<del>,</del>	
<u></u>	
<del></del>	
Effective date.	7/1/2020 if other than the date of filing: (optional)
If an effective date	if other than the date of filing: (optional)  is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a sective date on the Department of State's records.
document's effect	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier ( ay after the record is filed.
document's effect he record spe The 90th da	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of ay after the record is filed. $\frac{1}{4} \left( \frac{1}{2} \right)$
document's effect he record spe The 90th da	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of an after the record is filed. $\frac{7/8}{20}$
document's effect he record spe The 90th da	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of an after the record is filed. $\frac{7/8}{20}$
he record spe The 90th da	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of any after the record is filed.  7/8/20  Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00