

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
120 SE VIA SAN MARINO LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2020 NOV -6 AM 9:45
FILED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

RECEIVED

2020 NOV -6 PM 3:09

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

120 SE Via San Marino 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 07/06/2020 and assigned
Florida document number L20000181018.

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:

(Principal office address MUST BE A STREET ADDRESS)

128 SE Rio Angelica

Port St Lucie, FL 34984

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

128 SE Rio Angelica

Port St Lucie, FL 34984

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:

New Registered Office Address:

128 SE Rio Angelica

Enter Florida street address

Port St Lucie

Florida 34984

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

FILED
2020 NOV -6 AM 9:45
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE 11TH JUDICIAL CIRCUIT
IN FLORIDA
PORT ST LUCIE

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>
MBR	DAYTONA LAND COMPANY	128 SE Rio Angelica	<input type="checkbox"/> Add
		Port St Lucie, FL 34984	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2020 NOV 6 AM 9:45
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2020 NOV - 6 AM 9:45
U.S. STATE
DEPT.

2020 NOV - 6 AM 9:45
C. STEPHENSON

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated November 6th, 2020

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Signature of a member or authorized representative of a member

Saray Djidji, Attorney in Fact

Typed or printed name of signee

Filing Fee: \$25.00