(((H20000351674 3)))



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Account Number : IZB18000021
Phone : (786)870-5003
Fax Number : (786)907-4006

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MILLECENTO 2502 LLC

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COVER LETTER

SUBJEC		MILLECENTO 2502 LLC					
505020		Name of Lin	nited Liability Company				
The caclo	escd Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please ret	um all correspo	ondence concerning this matter	to the following:				
		VANESSA LAGANA					
			Name of Person				
	Name of Limited Liebility Company Deed Articles of Amendment and fee(s) are submitted for filing. turn all correspondence concerning this matter to the following: VANESSA LAGANA Name of Person RAUL VALDES-FAULI, P.A. Firm/Company 355 ALHAMBRA CIRCLE, SUITE 1205 Address CORAL GABLES, FL 33134 City/State and Zip Code VLAGANA@RVF-LAW.COM E-mail address: (to be used for future annual report notification) et information concerning this matter, please call: SA LAGANA Name of Person Area Code Daytime Telephone Number Is a check for the following amount: O Filing Fee \$50.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Registration Section						
			Firm/Company				
		355 ALHAMBRA CIRCI	Part and fee(s) are submitted for filing. In oncerning this matter to the following: IESSA LAGANA Name of Person IL VALDES-FAULI, P.A. Firm/Company ALHAMBRA CIRCLE, SUITE 1205 Address AL GABLES, FL 33134 City/State and Zip Code GANA@RVF-LAW.COM E-mail address: (to be used for future annual report notification) g this matter, please call: at (786				
			Address				
	RAUL VALDES-FAULI, P.A. Firm/Company 355 ALHAMBRA CIRCLE, SUITE 1205 Address CORAL GABLES, FL 33134 City/State and Zip Code VLAGANA@RVF-LAW.COM E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: ESSA LAGANA 786 870-5083 at ()						
		VI ACANA@RVF.I AW	·				
For further	r information c						
VANESS	A LAGANA		at ()				
Name of Person		f Person	Area Code Daytime Telephone Number				
Enclos ed i	s a check for th	ne following amount:					
■ \$25.00) Filing Fee		Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy				
R	legistration S	Section					
D	Division of C	orporations	Division of Corporations				
	O. Box 632 allahassee, F		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
			Tallahassee, FL 32303				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAX AUDIT #H20000351674 3

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MILLECENTO 2502 LLC (Name of the Lim	ited Limbility Comp. (A Florida Limited	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Plorida document number L20000273646	······································	were filed on 09/02/2020	and assigned	
This amendment is submitted to amend the follow. A. If amending name, enter the new name	•	ollity company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation L.C."	
Enter new principal offices address, if appli	icahla:	355 ALHAMBRA CIRCLE		
(Principal office address MUST BE A STRE		SUITE 1205		
TATINCIPAL VIINE HINELDS PAGOS SSAT GENE	er, (obredy)	CORAL GABLES, FL 33134	ώ ≺ α	
Enter new mailing address, if applicable:		355 ALHAMBRA CIRCLE		
(Mailing address MAY BE A POST OFFICE	E ROX)	SUITE 1205	0 2	
Principal distriction of the control	Mauing gaaress MAT BE A POST OFFICE BOX			
agent and/or the new registered office address Name of New Registered Agent:		GISTERED AGENT INC.		
Naw Pagistared Office Address	355 ALHAMB	RA CIRCLE, SUITE 1205		
Name of New Registered Agent: New Registered Office Address:		Enter Flortag street address		
	CORAL GABI	CORAL GABLES , Florida 33134		
	_	City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register provisions of all statutes relative to the propagations of my position as register the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as p registered office s change.	performance of my duties, and provided for in Chapter 605, F.1	I am familiar with and S. Or, if this document is the limited liability	

FAX AUDIT #H20000351674 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

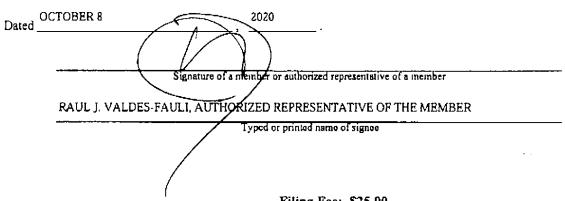
MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Tango Management Services LLC	21209 NE 38th Ave.	□Add
		Aventura, FL 33180	■Remove
			Change
MGR	VANESSA LAGANA	C/O 355 ALHAMBRA CIRCLE	
		SUITE 1205	□Remove
		CORAL GABLES, FL 33134	2020 Bris
			<u> </u>
			(S) (Tiscmove
			O2 Change
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an effective date is lis	ther than the date sted, the date must be spe	ecific and cannot be p	prior to date of filin phicable statutory	g or more than 90	days after filir	ig.) Pursuan	it to 605.0

If the record is filed.



Filing Fee: \$25.00