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236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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COVER LETTER

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SUBJEC	.l: <u>-</u>		Name of Lin	nited Liability Company		
The enclo	osed A	Articles of A	Amendment and fee(s) are sub	omitted for filing.		
			ndence concerning this matter	_		
			Eugenio Duarte, Esq.			
			····	Name of Person		
			Duarte Law Firm			
				Firm/Company		
			999 Ponce de Leon Blvd.,	Suite 735		
				Address		
		Coral Gables, FL 33134				
				City/State and Zip Cod	de	
			jpereira@chbsfl.com			
			E-mail address: (to be used for future annu	ial report notificat	ion)
For furthe	er info	ormation co	ncerning this matter, please c	all:		
Eugenio	Duart	e		305 4	144-1958	
		Name of	Person	Area Code	Daytime Te	lephone Number
Enclosed	is a c	heck for the	e following amount:			
□ \$ 25.0	00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fe Certified Copy (additional copy is e		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		e Address			Address: tration Sectio	n
Registration Section Division of Corporations		——————————————————————————————————————	ion of Corpora			
F	P.O. 1	Box 6327	7	The C	entre of Talla	ihassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CENTURY TOWN PLACE AT MIDTOWN DORAL, 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 SEPTEMBER 8, 2020 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CENTURY TOWNE PLACE AT MIDTOWN DORAL, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

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
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Note: If the 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 605.0 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed tive date on the Department of State's records.	0207 d as
e record specifies rd is filed.	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
Dated	RY 1 2021	
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	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00