Division of Corporations

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000298083 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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:				
EMALL	AUUI EDD:			 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HALEY SOFGE PRESERVATION DEVELOPER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HALEY SOFGE PRESERVATION DEV	ELOPER, LLC	
(<u>Name of the Limited Liz</u> (A Flo	ability Company as it now appears on our records.) orda Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document number L20000296306		and assigned
This amendment is submitted to amend the following	Ż.	
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	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET AL	ODRESS)	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or regist agent and/or the new registered office address he	ered office address on our records, <u>enter th</u> re:	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	
	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
Chairman	Jorge M. Perez	2850 Tigertail Avenue, Suite 800	DAdd
		Miami, FL 33133	□Remove
			■ Change
President	Jon Paul Perez	2850 Tigertail Avenue, Suite 800	■ Add
		Miami, FL 33133	□Remove
			∐Add
			□ Remove
			□Change
			□Add
			□Remove
			□ Change
····			□Add
			□Remove
			□Change
			□Add
			Remove
			Change

		·····		
***************************************		<u></u>		
				<i>ح</i> ع
				7. S
				3: 06
				10,00
		<u> </u>		
ective date, if other than the	re date of filing:		(option	al)
te: If the date inserted in this b	block does not meet the appli	cable statutory filir	nore than 90 days after it ng requirements, this c	ing.) Pursuant to 605.0207 fate will not be listed as
cument's effective date on the I	Department of State's records	i.		
cord specifies a delayed effecti	iva data but not an offoctive !	ime at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
s filed.	ive date, but not an encesive t	ine, at 12.01 z.m.	211 212 2111/121 211 (27	•
August 6	2021			
August o	, 2021	ppl	_	
		ZI-		
<u> </u>				

Filing Fee: \$25.00