

(Requestor's Name)	
(Address)	
(Address)	O
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Office Use Only	07





800412440808

07/24/23--01001--001 \*\*25.00

CD

2023 JUL 21 PH 4: 18

R. HUNT 07/2//23 1959 J.: 21 FN 1:57

## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Cotilla Beresh Gerow LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Scott Gerow Name of Person CBG Luxury Team Firm/Company 307 SE Mizner Blvd. Address Boca Ratom, FL 33432 City/State and Zip Code scott.gerow@compass.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Scott Gerow 232-6155 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■** \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cotilla Beresh Gerow LLC

( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears ited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Comp Florida document number	oany were filed on	10/26/20	and assigned	
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited	liability company her	AHASSE	21 PH	
CBG Luxury	- <del></del>	E. F.	<b>. .</b>	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the des	ignation "LLC" or the h	breen "L.L.C."	
Enter new principal offices address, if applicable:	307 SE	Mizner Blvd., Boca Ra	aton, FL 33432	
Principal office address MUST BE A STREET ADDRESS	<u>S)</u>	·		
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	.307 SE	Mizner Blvd., Boca R	laton, FL 33432	
3. If amending the registered agent and/or registered off igent and/or the new registered office address here:	fice address on our rec	ords, <u>enter the nam</u>	e of the new regis	
Name of New Registered Agent:	Sec	ott Gerow P.A.		
New Registered Office Address:	360 W. Tropical Way			
	Enter Florida street address			
. <u></u>	Plantation	, Florida	33317	
	Ciţy		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.

f 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>	<u>Address</u>	Type of Action
MGR	Marisela Cotilla P.A.	1661 SABAL PALM DR., BOCA RATON, FL 3343	
			<b>=</b> Remove
			□Change
<del></del>			□Add
			Remove
			□Change
	<del></del>		□Add
			_ □Remove
			□Change
<del></del> _			_ □Add
			_ □Remove
			_ 🗆 Change
			_ □Add
		<del></del>	_ □Remove
			_ □Change
			_ 🗆 Add
			_ □Remove
			_ □Change

Effective date, if other than the date of filing:  July 20, 2023  (optional)	 - - - -
Effective date, it other than the date of filing:	   
Effective date, it other than the date of filing:	- - - -
Effective date, it other than the date of filing:	- - - -
Effective date, it other than the date of filing:	 - - -
Effective date, it other than the date of filing:	- - - -
niective date, it other than the date of illing:	- - - -
cliective date, it other than the date of filing:	<del>-</del>  -
checuve date, it other than the date of filing:	
checuve date, it other than the date of filing:	<del></del> 
checuve date, it other than the date of filing:	_
checuve date, it other than the date of filing:	_
checuve date, it other than the date of filing:	_
cliective date, it other than the date of filing:	
checuve date, it other than the date of filing:	
checuve date, it other than the date of filing:	
checuve date, it other than the date of filing:	_
niective date, it other than the date of illing:	_
niective date, it other than the date of illing:	_
checuve date, it other than the date of filing:	_
niective date, it other than the date of illing:	_
niective date, it other than the date of illing:	_
Effective date, it 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 60 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list.	05.0207
document's effective date on the Department of State's records.	sted as
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft	ter the
rd is filed.	
July 20 2023	
Dated	
Signature of a member or authorized representative of a member	
Scott Gerow Typed or printed name of signee	

THE IT CAS OF