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SECRETARY OF STARE TALLAHASSEE, FL

COVER LETTER

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TO:

Registration Section Division of Corporations

FLORIDA SUBJECT:	CUTLER BAY, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	FLORIDA CUTLER BAY	, LLC	
		Name of Person	 -
	FLORIDA CUTLER BAY	, LLC	
		Firm/Company	
	301 ALMERIA AVENUE	SUITE 360	
		Address	<u> </u>
	CORAL GABLES FL 331	34	
		City/State and Zip Code	
	yrojas@mgdevelopermiami	.com	
	E-mail address: (to be used for future annual report notific	cation)
For further information c	oncerning this matter, please c	all:	
YUREIBA ROJAS		305 7184575 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	_	Street Address: Registration Sect	tion
Registration S Division of C		Registration Sect Division of Corp	
P.O. Box 632		The Centre of Ta	
Tallahassee, l	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUL 27 PM 4: 16

FLORIDA CUTLER BAY, LLC

LER BAY, LLC

(Name of the Limited Liability Company as it now appears on our records ALL AHASSEE, FL

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 01/05/2021	and assigned
Florida document number L21000017578		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>er</u>	iter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street ad	ldress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre	ee to act in this capacity.	I further agree to comply with the

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>	<u>Address</u>	Type of Action
MGR	FREDDY GENATIOS	301 ALMERIA AVENUE SUITE 360	■Add
		CORAL GABLES FL 33134	□Remove
			□Change
			≡ Add
			□Remove
			□Add
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ffective date, if other than the an effective date is listed, the date mu	ist be specific and cannot be pri	or to date of filing or more	(optional) than 90 days after filing.)	Pursuant to 605.02
(ote: If the date inserted in this becoment's effective date on the I			equirements, this date v	vill not be listed
record specifies a delayed effecti	ve date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The	90th day after th
d is filed.				
JULY 18	2022			
Pated JULY 18		·		
12		thorized representative of		
·				