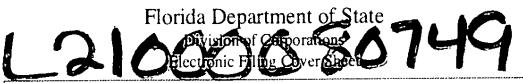
→ 18506176383 Division of Corporations



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.

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To:

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.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE GALLERY AT LUMMUS PARC DEVELOPER, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

New Registered Agent's Signature, if changing Registered Agent:

→ 18506176383

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE GALLERY AT LUMMUS PARC DEVELOPER.	LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L21000080749</u>	were filed on 02/24/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Gallery at Lummus Parc Developer, LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the a	bbreviation "L.L.C."
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 a agent and/or the new registered office address here:  Name of New Registered Agent:	iddress on our records, <u>enter the nar</u>	ne of the new registered
N D : 1 - 1 OSC - 4 1 1		"一直"
New Registered Office Address:	Enter Florida street address , Florida	WOA'S
	City	- Zip Code

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
President	Perez, Jon Paul	2850 Tigertail Ave. Suite 800	■Add
		Miami, FL 33133	Remove
			Change
P	PEREZ, JORGE M		□Add
			<b>■</b> Remove
			Change
			□Add
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