Riorida Department of State Division of Corporations lectronic Hiling CoverSheet Note: Please print this page and use it as a cover spect. Type the favourdit numbers (shown below) on the top and bottom of all pages of the document.

(((H21000089196 3)))



H210000891963ABC3

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

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. **

Email	Address:	
Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PRH 1717 N FLAGLER DRIVE OWNER, LLC

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

MAR - 5 2021

M. SOLOWON

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRH 1717 N FLAGLER DRIVE OWNER, LL (Name of the Limited Liability (A Florida Liability)	Company as it now appears on our records.) Limited Liability Company)		
the Articles of Organization for this Limited Liability Company were filed on 03/01/2021 lorida document number L21000089840		and assigned	
This amendment is submitted to amend the following:	-		
A. If amending name, enter the new name of the limite	ed liability company here:		
1717 N Flagler Drive Owner, LLC			
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		20	
Principal office address MUST BE A STREET ADDRE	(22)	21	
		- 20	
		24 -	
Inter new mailing address, if applicable:		MAR -4 AM 10: 07	
Mailing address MAY BE A POST OFFICE BOX)		987 5	
		5F S	
3. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	office address on our records, enter the na	me of the new registe	
	-		
	City Florida	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.

City

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
			□Add
			□Remove
			☐ Change
			
			□ Remove
			□ Add 2021 FAR
			Change A 10.
			□ Remove
			☐ Change
		***************************************	□Add
			□Remove
			Change
			□Add
			□Remove
			☐Change

		· · · · · · · · · · · · · · · · · · ·				
			······································			
						~3
						2021 MAR
						夢
						Ť.
					<u> </u>	AM 10: 07
		<u> </u>			<u> </u>): 07
					·	_
	· · · · · · · · · · · · · · · · · · ·				·	
	····					
Effective date, if other than the lift an effective date is listed, the date in	he date of filing nust be specific and	cannot be prior to d	ate of filing or mor	option (option) e than 90 days after fil	i al) ling.) Pursuant to 605.0)207 (3)(
Note: If the date inserted in this document's effective date on the	block does not m	ect the applicable	statutory filing	requirements, this d	ate will not be listed	d as the
e record specifics a delayed effectrd is filed.					The 90th day after	the
		2021	_			
Dated March 4		101	-111-			

Filing Fee: \$25.00

Typed or printed name of signee