

KZ1000114125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

5/24/21
tm

Office Use Only



400361774064

04/02/21--01019--016 **25.00

21 APR - 2 AM 10:01

STATE OF TEXAS
COMMISSIONER OF COMMERCE

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Creska 621 LLC

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:

Daniel Rudoy

Name of Person

AR Law Group PLLC

Firm/Company

17501 Biscayne Blvd., Suite 420

Address

Aventura, Florida 33160

City/State and Zip Code

daniel@arlawgroupfl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Rudoy

Name of Person

at (305) 932-8231

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

21 APR -2 AM 10: 01

Creska 621 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/10/2021 and assigned Florida document number L21000114125.

This amendment is submitted to amend the following:

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 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:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	21 APR -2 AM 10: 01	<u>Type of Action</u>
<u>AMBR</u>	<u>MARCOS CORDOVERO</u>	<u>19201 Collins Ave., Unit 621</u>	<input checked="" type="checkbox"/>	Add
		<u>Sunny Isles Beach, Florida 33160</u>	<input type="checkbox"/>	Remove
		<u>_____</u>	<input type="checkbox"/>	Change
<u>AMBR</u>	<u>DANIELA CARLINA CANAS</u>	<u>19201 Collins Ave., Unit 621</u>	<input checked="" type="checkbox"/>	Add
		<u>Sunny Isles Beach, Florida 33160</u>	<input type="checkbox"/>	Remove
		<u>_____</u>	<input type="checkbox"/>	Change
<u>AMBR</u>	<u>MACARENA CORDOVERO</u>	<u>19201 Collins Ave., Unit 621</u>	<input checked="" type="checkbox"/>	Add
		<u>Sunny Isles Beach, Florida 33160</u>	<input type="checkbox"/>	Remove
		<u>_____</u>	<input type="checkbox"/>	Change
<u>AMBR</u>	<u>MATIAS CORDOVERO</u>	<u>19201 Collins Ave., Unit 621</u>	<input checked="" type="checkbox"/>	Add
		<u>Sunny Isles Beach, Florida 33160</u>	<input type="checkbox"/>	Remove
		<u>_____</u>	<input type="checkbox"/>	Change
<u>AMBR</u>	<u>JAVIER KATS</u>	<u>19201 Collins Ave., Unit 621</u>	<input type="checkbox"/>	Add
		<u>Sunny Isles Beach, Florida 621</u>	<input checked="" type="checkbox"/>	Remove
		<u>_____</u>	<input type="checkbox"/>	Change
		<u>_____</u>	<input type="checkbox"/>	Add
		<u>_____</u>	<input type="checkbox"/>	Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary):

DIVISION OF CORPORATIONS

21 APR -2 AM 10:01


E. Effective date, if other than the date of filing: 03/22/2021 (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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated March 22, , 2021


Signature of a member or authorized representative of a member

Javier Katz

Typed or printed name of signer