L21000114134

(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:
Openial monactions to 1 ming officer.

Office Use Only



700373178347

09/18/21--01011--003 **25.00



O SIMMONS SEP 27 2021

COVER LETTER

. TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Co	rporations	•	
SUBJECT:	Creska 738	LLC	·	
SOBJECT.		Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Javier Katz		
			Name of Person	
			Firm/Company	
		19201 Collins Avenue. Su	ite 738	
			Address	
		Sunny Isles Beach, FL 331	60	
			City/State and Zip Code	
		daniel@setitlecompany.com	1 to be used for future annual report no	**************************************
For further ir	iformation c	oncerning this matter, please c	•	uncation
Javier Katz			305 932-8231	
	Name o	f Person		ne Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling Fec	□ \$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)
	ling Address		<u>Street Address:</u> Registration Se	ection
Div	ision of Co	orporations	Division of Co	rporations
P.O	. Box 632	1	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

CRESKA 738 LLC

121 SE. 16 MI 7: 27

CRESKA 738, LLC			
(Name of the L.	mited Liability Comp (A Florida Limited	any as it now apport	ears on our records.)
The Articles of Organization for this Limited Florida document number L21000114134			, .
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited lial	bility company i	here:
N/A - NO CHANGES			
he new name must be distinguishable and contain th	e words "Limited Liab	ility Company," the	designation "LLC" or the abbreviation "L.L.C"
Inter new principal offices address, if app		same - no char	
		·	
inter new mailing address, if applicable:		same - no chan	nges
Principal office address MUST BE A STRE Cnter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE		same - no chan	nges
inter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE</u> . If amending the registered agent and/or gent and/or the new registered office addr	E BOX) registered office a ess here:	address on our i	
inter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE</u> If amending the registered agent and/or	E <i>BOX</i>) registered office a	address on our i	
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE</u> If amending the registered agent and/ortent and/ortent and/ortent and/ortent and/orthe new registered office address.	registered office a ess here:	address on our i	
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE If amending the registered agent and/or the new registered office addrese Name of New Registered Agent:	registered office a ess here:	ARIEL D	
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE If amending the registered agent and/or gent and/or the new registered office address where the new registered is a second contact and the new registered agent:	registered office a ess here:	ARIEL D avenue, Unit 738 Enter Floo	records, enter the name of the new regis

1 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

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>	4821 Sz. 16 All 7: 27	Type of Action
MGR	Javier Katz	19201 Collins Avenue, Unit 738	□ Add
		Sunny Isles Beach, FL 33160	Remove
			□Change
MGR	PALOMEQUE, ARIEL D	19201 Collins Avenue, Unit 738	🗏 Add
		Sunny Isles Beach, FL 33160	□Remove
			□Change
MGR	PALOMEQUE, CESAR G	19201 Collins Avenue, Unit 738	≡Add
		Sunny Isles Beach, FL 33160	□Remove
			Change
MGR	ALOMEQUE, IVANA C	19201 Collins Avenue, Unit 738	■ Add
		Sunny Isles Beach, FL 33160	□Remove
			□Change
MGR	PALOMEQUE, CRISTIAN C	19201 Collins Avenue, Unit 738	= Add
		Sunny Isles Beach, FL 33160	□Remove
			□Change
MGR	PALOMEQUE, JUAN C	19201 Collins Avenue, Unit 738	= Add
		Sunny Isles Beach, FL 33160	□Remove
			□Change

	124 82 15 RH 7: 27	
	, , ,	
		_
		_
		_
		—
		_
		_
		_
		_
,		_
		_
		_
E. Effect	tive date, if other than the date of filing:	
(If an ef <u>Note:</u>	ffective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be nent's effective date on the Department of State's records.	605.0 listed
If the recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a filed.	fter t
	August 6	
Dated	August 6 2021	

Filing Fee: \$25.00