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(Re	questor's Name)	
(Ad	dress)	
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(AO	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
	siness Entity Nai	
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

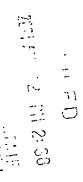




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8/24/21



COVER LETTER

TO:		ation Sec n of Corp				
erin ir	CC	RE Actio	n Group, LLC			
SUBJE	C1:			ited Liability Company		
The enc	losed Ar	ticles of A	amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all	correspon	dence concerning this matter	to the following:		
			Yoslaine Muchuli			
				Name of Person		·-
			CORE Action Group, LLC			
			11 	Firm/Company		
			8431 N.W. 15 CT			
				Address		
			Pemborke Pines, FL. 3302-	4		
				City/State and Zip Code		
			ysla.greendesignbuild@hoti			
			E-mail address: (i	to be used for future annual i	report notification)	
For furth	ier infori	nation cor	ncerning this matter, please or	all;		
Yoslain	e Muchu			954 743 at ()	3-9363	
		Name of I	Person	Area Code	Daytime Teleph	one Number
Enclosed	l is a che	ck for the	following amount:			
□ \$25.	.00 Filing	g Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company	y were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation	ation "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)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our record	ds, enter the name of the new registe
·	Enter Florida st	reet address
5-4d)(1)		Florida
New Registered Agent's Signature, if changing Registered Agent	·	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	: ree to act in this capa e performance of my o provided for in Chap	city. I further agree to comply with duties, and I am familiar with and ter 605, F.S. Or, if this document is

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>	Address	Type of Action
MGR	Gustavo Interian	182 Big Springs Drive, Naples, FL, 34113	□Add
			≣Remove
			☐Change
MGR	Guillermo A. Guerrero	682 East 21 Street, Hialeah, Florida, 33013	= Add
		·	□Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
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	e, if other than the date	specific and cannot l	be prior to date of fi	ing or more than 90 ory filing requiren	(optional) days after filing.) Punents, this date will	irsuant to 605.0207 Il not be listed as
an effective da ote: If the d	ate inserted in this block of fective date on the Depart	tment of State's r	records.			
an effective da ote: If the document's ef record specif	ate inserted in this block o	tment of State's re	ecords.	H a.m. on the ear	lier of: (b) The 9	
an effective da ote: If the d ocument's ef record specif is filed.	ate inserted in this block of fective date on the Depart	tment of State's ro	ecords.	H a.m. on the ear		
an effective da ote: If the d ocument's ef record specif Lis filed.	ate inserted in this block of fective date on the Depart Tes a delayed effective dat	tment of State's ro	ective time, at 12:0	H a.m. on the ear	lier of: (b) The 9	Oth day after the
an effective da Kote: If the d Ocument's ef	ate inserted in this block of fective date on the Depart ies a delayed effective dat August 10ht	tment of State's relate, but not an effe	ective time, at 12:0		7	Oth day after the