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COVER LETTER

Division of Cor	porations				
CUBICATI	SENTO	OSA FLORIDA LLC			
SUBJECT:	Name of Lim	ited Liability Company		 -	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Sonia Becerra			
		Name of Person			
		Swyft Filings			
		Firm/Company			
		3 Greenway Plaza #11	320		
		Address			
	Houston, TX 77046				
		City/State and Zip Code			
		gaylesan85@yaho			
	E-mail address: (to be used for future annual	report notification)		
For further information of	oncerning this matter, please c	all:			
Sonia B	ecerra	at (877	777-0450		
Name o	of Person	Area Code	Daytime Telepho	one Number	
Enclosed is a check for t	he following amount:				
▼ \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status		☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc		\$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed	
		•			

Mailing Address:

TO:

Registration Section

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

FILE

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION 2021 HOY 24 PM 3: 50

OF

SE	NTOSA FL	ORIDA LLC		
(Name of the Limited I. (A.F	iability Compa Iorida Limited	ny ay it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liabil Florida document numberL21000184737	lity Company	were filed on	04/21/2021	and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liab	ility company he	<u>re</u> :	
		Day Community of the 1	ai ai a ai t (°° a tha ah	Laurinian at I C."
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:		819 Island Pe		одеу г ация 11С.
(Principal office address MUST BE A STREET ADDRESS)		New Smyrna E	Beach, FL 32168	
Enter new mailing address, if applicable:		819 Island Poir	nt Drive	
(Mailing address MAY BE A POST OFFICE BOX)		New Smyrna Beach, FL 32168		
B. If amending the registered agent and/or registagent and/or the new registered office address h			ecords, enter the nam	e of the new regist
Name of New Registered Agent:	d Agent:			
New Registered Office Address:	819	Island Point Driv	e uda street address	
	New Smyrna Beach		, Florida	32168
		Cuy		Zıp 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.

X 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
			□ Add
			□Remove
			Change
			□ Add
			□Remove
			Change
	<u> </u>		□Add
			□Remove
			□Add
			Remove
			□Add
			□Remove
			□Change
			□ Add
			Remove
			□Change

amenung	any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
-		
ote: If the	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 605,0 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste effective date on the Department of State's records.	0207 d as
is filed.	tities a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ated <u>3</u>	November 2021 Signiture of a member or authorized representative of a member	
X	somet.	
/ \ -	Signature of a member or authorized representative of a member	
	ROGAYAH GAYLE WALLNER Typed or printed name of signee	

P'P. - P. - 035 00