

121000271844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

(Business Entity Name)

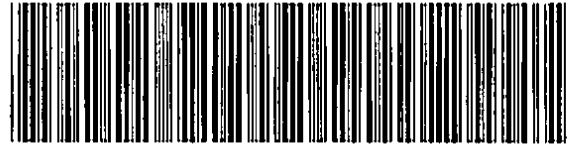
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2021 NOV 12 AM 7:51

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A. BUTLER

NOV 30 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CRYSTAL CAY BLOQUE 10 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:

Mery Lopez, Esq

Name of Person

Law Office of Mery Lopez, P.A.

Firm/Company

491 E. Okeechobee Road

Address

Hialeah, Florida 33010

City/State and Zip Code

admin2@lopezlawfl.com

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

For further information concerning this matter, please call:

Dante Fuentes, Paralegal

305 882-2739

at (_____) _____

Name of Person

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**

CRYSTAL CAY BLOQUE 10 LLC

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

2021 NOV 12 AM 7:51

The Articles of Organization for this Limited Liability Company were filed on June 11, 2021 and assigned
Florida document number L21000271844.

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:

10116 SW 228 Terrace

(Principal office address MUST BE A STREET ADDRESS)

Miami FL 33190

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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Maurico Uribe	4700 NW 84TH AVE UNIT 37	<input type="checkbox"/> Add
		DORAL, FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ADRIAN PARAMO GUERRERO	8333 NW 53 STREET - STE. 450	<input type="checkbox"/> Add
		Doral, FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Luis Felipe Arenas	10116 SW 228 Terrace	<input checked="" type="checkbox"/> Add
		Miami, FL 33190	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Marian Johanna Osorio	10116 SW 228 Terrace	<input checked="" type="checkbox"/> Add
		Miami, FL 33190	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Luis Felipe Arenas	10116 SW 228 Terrace	<input checked="" type="checkbox"/> Add
		Miami, FL 33190	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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

E. Effective date, if other than the date of filing: _____ (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 November 3

2021

Signature of a member or authorized representative of a member

Adrian Paramo Guerrero, Manager

Typed or printed name of signee