Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : US CONTADOR INC Account Number : 120200000121 Phone : (770)925-2700 Fax Number : (888)772-3108

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1767 CARIBBEAN VIEW LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

H21000406067 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1767 CARIBBEAN VIEW LLC			~ ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	nnany as it now appears led Liability Company)	on our records.)	星
The Articles of Organization for this Limited Liability Comparing document number 1.21000309506	any were tiled on 07/0	6/2021	and assigned
Florida document number 1.21000309506			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited 1	iability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the des	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	2		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our rec	ords, <u>enter the na</u>	me of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	la street address	
	City	, Florida _	Zin Cayla
N. Harris and A. W. Strang and Cab against Bank and American			είρε σας
New Registered Agent's Signature, if changing Registered Age			المنامات المناسات

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statues 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

18887728108

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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

To: -18506176383

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MAK, ANNA	I ELEANOR DRIVE	= Add
		KENDALI, PARK, NJ 08824	□Remove
			Change
AMBR	LIN, JOANNE	6565 WETHEROLE ST 5V	= Add
		REGO PARK, NY 11374	□Remove
			Change
MGR	TYE, PAUL	1 ELEANOR DRIVE	■ Add
		KENDALI, PARK, NJ 08824	Remove
			□Change
			□Remove
			□Change
	 		
			Remove
			□Change
			□Add
			Remove
			□ Change

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an effective date is listed, the date must be spooter. If the date inserted in this block do	ceific and cannot be prior ses not meet the applic	r to date of filing or more cable statutory filing	e than 90 days after filing requirements, this date) Pursuant to 605.020 will not be listed a
ocument's effective date on the Departn	ient of State's records		•	
record specifies a delayed effective date	, but not an effective t	ime, at 12:01 a.m. or	the earlier of: (b) T	ne 90th day after the
is filed.				
OCTOBER 21ST	2021			
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