Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: TAP SOLUTIONS INC

Account Number : 120210000103

Phone

: (786)615-3057

Fax Number : (786)615-3058

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CUEVA DORAL VENECIA LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

CUEVA DORAL VENECIA LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L21000316022</u> .	were filed on 07/10/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here;
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2821
	AN 2 T
Enter new mailing address, if applicable:	27-5
(Mailing address MAY RE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agreer provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	we in act in this capacity. I further agree to comply with the performance of my duties, and I om familiar with and provided for in Chapter 605. F.S. Or, if this document is
If Char	nging Registered Agent, Signature of New Registered Agent

If amending or removed f	Authorized Person(s) author rom our records:	rized to mana	ge, enter the title, name, and addr	ess of each person fixing adds
MGR = Ma	inager ithorized Member			
Title	Name		Address	Type of Action
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