7/21/2021

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 : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Addross:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

GEOFFREY B. MARKS PLLC

Certificate of Status	0
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Page Count	04
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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Geoffrey B. Mark						
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000322427</u>	were filed on 07/14/2021	and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	llity company here:					
The new name must be distinguishable and contain the words "Limited Lisbi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."				
Enter new principal offices address, if applicable:	6960 Sunrise Drive					
(Principal office address MUST BE A STREET ADDRESS)	Coral Gables, FL 33133					
Enter new mailing address, if applicable:	6960 Sunrise Drive					
(Mailing address MAY BE A POST OFFICE BOX)	Coral Gables, FL 33133					
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 records, enter the nam Enter Florida street address	the of the new registere				
	, Florida	SE 66				
	City	Zip Cod				

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 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>	Name	Address	Type of Action
Manager	Geoffrey B. Marks	6960 Sunrise Drive	□Add
		Coral Gables, FL 33133	□Remove
			≣ Change
			□Remove
			□Change
****			□Add
			□Remove
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<u> </u>	ne date inserted in t s effective date on	HIS UTOUK HOEST	nut meet the abb	HCADIO SIBBIITORY N	ling requiremen	ts, this date will	not be listed
ecord sp is filed.	ecifies a delayed ef	fective date, bu	t not an effective	time, at 12:01 a.r	n. on the earlier	of: (b) The 90	ih day after th
ted	July 21st		2021			e.	<u>í</u> a
		Signature	Sully of a member or au	horized representat	ve of a member	· · · · · · · · · · · · · · · · · · ·	SECTION SECTION
-			Erin Saville, A	Attomey-In-Fact		:	UL 21
			Typed or priz	nted name of signee	· · ·	7	A A

Filing Fee: \$25.00