Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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.

Email	Address:					
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 4100 ISLAND BOULEVARD 1704 LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION **OF**

4100 ISLAND BOULEVARD 1704 LLC		ω ω
(Name of the Limited Liability Con	mpany as it now appears on our records.) led Liability Company)	7
(ATTIONED EMILE	and distance company,	AN 10:
The Articles of Organization for this Limited Liability Compa	any were filed on 08/19/2021	and assigned $\hat{\vec{z}}$
Florida document number L21000373812		_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
17111 Biseayne Blvd. 706 LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "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	ice address on our records, enter the	name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida strect address	
	, Floric	la
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

15612148442

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
<u></u>			🗀 Add
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EE a a di	ve date, if other than the date of filing: (optional)	
an eff	ective 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	5 605.01
<u>iote:</u> ocum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ent's effective date on the Department of State's records.	HSICO
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	after ti
	ed.	
t is fi		
l is fi	November 3rd 2021	
t is fi		
d is fi	November 3rd 2021	-

Filing Fee: \$25.00