

1/12/24, 2:30 PM

Division of Corporations

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 : A & C ASSOCIATES GROUP, INC.
Account Number : I20210000038
Phone : (786)353-2836
Fax Number : (786)238-7303

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FF NEWPORT LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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Corporate Filing Menu

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K. SALY

JAN 16 2024

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2024 JAN 12 PM 3:16

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDARECEIVED
TALLAHASSEE, FLORIDA

2024 JAN 12 PM 4:00

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2024 JAN 12 PM 4:00
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

FF NEWPORT LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/20/2021 and assigned
Florida document number L21000375426.

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:

(Principal office address MUST BE A STREET ADDRESS)

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

City

Florida

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.

N/A
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>
MGR	TIM SUAZO	7951 RIVIERA BLVD, SUITE 101	<input type="checkbox"/> Add
		MIRAMAR, FL 33023	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MAXIMILIANO R. CALVO	5201 Blue Lagoon Drive	<input checked="" type="checkbox"/> Add
		Miami FL 33126	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FALL HASSEL

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