**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.\*\*

Email	Address:					
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **FLORIDIAN HOMES 9531 LLC**

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

THU.J.A

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Floridian Homes 9531 LLC		
( <u>Name of the Limited Liability Cor</u> (A Flonda Limit	npany as it now appears on our record ed Liability Company)	1.)
The Articles of Organization for this Limited Liability Compa	any were filed on 8/23/2021	and assigned
Florida document number L21000377858		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC	" or the abbreviation " C."
Enter new principal offices address, if applicable:	N/A	21 <b>SEI</b>
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:	N/A	AM 10:
(Muiling address MAY BE A POST OFFICE BOX)		7 %
B. If amending the registered agent and/or registered offi	ce address on our records, <u>enter</u>	the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent: N/A		
New Registered Office Address:	Enter Florida street add) c	
	Enter Fioriaa street adare	
		lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	
I hereby accept the appointment as registered agent and a	agree to act in this capacity. I fi	urther agree to comply with the

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>	<u>Name</u>	Address	Type of Action
MGR	Pedro Querejeta	848 Brickell Avenue, Suite 1100	≣Add
		Miami, FL 33131	□ Remove
			□Change
			□Add
			Remove
			Change
			🗆 Add
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			Change
<del></del>			□Add
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ective date, if other than the dat t effective date is listed, the date must be te: If the date inserted in this block nument's effective date on the Depar	specific and cannot be pridoes not meet the app	licable statutory f	or more than 90 days after	ional) or filing.) Pursuant to 605.0 is date will not be listed
cord specifies a delayed effective da s filed.	ite, but not an effective	e time, at 12:01 a.	m, on the earlier of: (	b) The 90th day after
ed September 16th	2021	· ·		
	nature of a member or au	thorized more and	dive of a member	

Filing Fee: \$25.00