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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.\*\*

mail	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **IR21 DEVELOPERS LLC**

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S. PRATHER

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		P 23 P 23 ÎARY ASSE
IR21 Developers LLC		
(Nume of the Limited Linbi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	PM II
The Articles of Organization for this Limited Liability	Company were filed on August 24, 2021	STATES
Florida document number L21000379116		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	PRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	<del></del>	
New Registered Office Address.	Enter Florida street address	
	. Florida _	Zin Code
	Cin	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.

# 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
MGR	Ivan Baquerizo Valdivieso	175 SW 7th Street	DAdd
		Suite 2112	
		Miami, FL 33130	
MGR	Rainer Viertel Arango	175 SW 7th Street	□Add
		Suite 2112	□ B. arman u
		Miami, FL 33130	
			□Add
			□Remove
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		Additional Control of the Control of	[]Add
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If amending any other information, e	nter change(s) ber	e. Antari tatambata sin	reia, y necessary.)		
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Effective date, if other than the date of if an effective date is listed, the date must be spe Note: If the date inserted in this block do document's effective date on the Department.	es not meet the applic	able statutory filing requir	(optional) 90 days after filing.) Purements, this date wif	rsuant to 605.020 I not be listed t	07 (3)( is the
e record specifies a delayed effective date, d is filed.	but not an effective ti	ime, at 12:01 a.m. on the e	artier of: (b) The 90	Ith day after the	ď
Dated September 22	2021	- And	1.	SE6 -T <b>A</b> LL	202
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	ire of a member or auth	orized representative of a me	ryer		2021 SEP 23 PM