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(Requestor's Name)
	Address)
`	, (44.545)
(Address)
	City/State/Zip/Phone #)
·	,
PICK-UP	WAIT MAIL
	Business Entity Name)
·	
(Document Number)
Certified Copies	Certificates of Status
	1
Special Instructions to	Filing Officer:
	J. HORNE
	SEP 1 3 2022
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2022 SEP 12 PM 2000 SECRETARIES

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

VERANDA PALMS PH 3 LOT 302 LLC		
	· · · · · · · · · · · · · · · · · · ·	
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
6'		Ficitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by: SETI	H4	UCC 1 or 3 File
		UCC 11 Search
Name	Date Time	UCC II Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

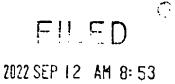
Tallahassee, FL 32314

TO: Registration So Division of Con			
	alms PH 3 Lot 302 LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Luis A. Flores		
		Name of Person	
	Ari Development& Consu	Iting LLC	
	-	Firm/Company	
	3700 Farm Bell Place		
		Address	
	Lake Mary, FL 32746		
		City/State and Zip Code	
	floresari613@gmail.com		
	E-mail address: (to be used for future annual report not	fication)
For further information of	concerning this matter, please c	all:	
Mimi Bared		305 666-6010 at ()	
Name o	of Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	27	The Centre of T	Callahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



SECRETARY OF STUT Veranda Palms PH 3 Lot 302 LLC (Name of the Limited Liability Company as it now appears on our records.)

	Coral Gables	City	, Florida 33134 Zip Code
			33134
New itegisicies Office Authors.	Enter Florida street address		
New Registered Office Address:	201 Alhambra (Circle Suite 501	
Name of New Registered Agent:	Pablo R. Bared,	, Esq.	
If amending the registered agent and/or reg nt and/or the new registered office address l	istered office a <u>here</u> :	address on our re	cords, <u>enter the name of the new registe</u>
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>		Lake Mary, FL 3	2746
		3700 Farm Bell	
ncipal office address MUST BE A STREET.	<u>ADDRESS)</u>		
nter new principal offices address, if applicable:		Lake Mary, Fl 32	
		3700 Farm Bell 1	
new name must be distinguishable and contain the word	ds "Limited Liabil	lity Company," the de	signation "LLC" or the abbreviation "L.L.C."
If amending name, enter the new name of the	he limited liabi	ility company he	re:
amendment is submitted to amend the follow	ring:		
ida document number <u>L21000394440</u>	····································		
Articles of Organization for this Limited Liab	onity Company	were med on	and assigned
	W. C	9/0.	3/2021 and assigned

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.

> [Pablo R. Bared] 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:

or removed	from our records:		
MGR = Manager AMBR = Authorized Member			
<u>Title</u>	Name	Address	Type of Action
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			Change
			🗀 Add
			□Remove
			□Change
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E ffootiv	a data if other than the data of filing: (antiqual)
Note: If	e date, if other than the date of filing: (optional) live 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 605.0207 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t t's effective date on the Department of State's records.
e record rd is filee	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated <u>S</u>	eptember 9, 2022
	Signature of a member or authorized representative of a member
	Luis A. Flores, Manager
	Typed or printed name of signee