

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.

(((H21000336624 3)))



H210003366243ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

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:	
CMALL	MODIESS:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EIG MG HOMESTEAD, LLC

Certificate of Status	0		
Certified Copy	0		
Page Count	03		
Estimated Charge	\$25.00		

21 SEP 10 PM 1: 9

Electronic Filing Menu

Corporate Filing Menu



15612148442

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our	records.)
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000398270</u> .	were filed on 09/08/202	l and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		20 20 21 21 21 21 21 21 21 21 21 21 21 21 21
		in the second
Enter new mailing address, if applicable:	N/A	6 0
(Mailing address MAY BE A POST OFFICE BOX)		70 ,1
		<u> </u>
		56
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records	, enter the name of the new register
New Registered Office Address:	Enter Florida stree	1 oddress
		Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and ag	ree to act in this capaci	ty. I further agree to comply with th
provisions of all statutes relative to the proper and complete	performance of my du	ties, and I am familiar with and

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 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:

pg 3 of 4

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	MG Homestead, LLC	3301 NE 1st Ave	
		Suite 109	□Remove
		Miami Florida 33137	
AMBR	ElG Homestead Acquisition, LLC	6201 SW 70th St	₩Add
		Suite 200	□Remove
		South Miami, FL 33143	
MGR	SAMUEL, JON	3301 NE 1st Ave	□Add
		Suite 109	<b>≅</b> Remove
		MIAMI, FL 33137	□Change
MGR	ARDIZON, JEFFREY	6201 SW 70th St	
		Suite 200	■Remove
		South Miami, FL 33143	☐ Change
			□ Add
			🗆 Remove
			□Change
			□Add
			□Remove
			☐ Change

15612148442

				···	<u> </u>
			····		
		·····			
**************************************					
				A:	021
				•	SEP
					10
					32
				<u> </u>	<u></u> .
				<u> </u>	56
ective date, if other than the deflective date is listed, the date must be: If the date inserted in this blocument's effective date on the Dep	k does not meet the applic	able statutory filin	(optione than 90 days after grequirements, this	filing.) Pu	rsuant to 605.02 I not be listed :
cord specifies a delayed effective of stilled.	date, but not an effective t	ime, at 12:01 a.m.	on the earlier of: (b	) The 90	Oth day after th
ed September 10th	2021	· ·			
	gnature of a member or auth				<u>.</u>
	amabas of a massbar or suth	onted representative	or a member		

Filing Fee: \$25.00