## K21CCC 432141

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	∋#)
PICK-UP	Mait	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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04/12/22--01005--007 \*\*25.00



of 5/15/2012

## **COVER LETTER**

TO:

Registration Section Division of Corporations

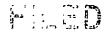
Tallahassee, FL 32314

SUBJECT:	ARY VILLAGE Name of Lim	BOYTON BEACH ited Liability Company	4 6-6
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	PASGAL	COHEW Name of Person	
	_AZUR C	- OVITIES	
	2875 ME	Firm-Company  - 1914 Mrc  Address	1. Suite 600
	Aven tura	Cuty/State and Zip Code	
	INTO E A E-mail address (	ZUREQUITIES- to be used for future annual report multi	Co M
For further information co	oncerning this matter, please ca	all:	
STEPHAN Name of	BOUSHILA Person	at ( <u>786)</u> <u>863 –</u> Aréa Code Day time	- / S 7 S 2 Telephone Number
Enclosed is a check for th	e 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 Address Registration S		Street Address: Registration Sec	ction
Division of Co P.O. Box 632	orporations	Division of Corp The Centre of T	porations
1 35, 1303 052	'	The Centre of T	541 F544 46447474 W

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 APR 12 AM 10: 19

CAWARY VILLAGE BOYN (Name of the Limited Liability Compa	TON BEACH LLC TALL MILEE.
The Articles of Organization for this Limited Liability Company Florida document number <u>L 21000 432/4/</u> .	were filed on $\frac{10/01/2021}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile for the new name must be distinguishable and contain the words "Limited Liabile Liabile for the new name must be distinguishable and contain the words "Limited Liabile for the new name must be distinguishable and contain the words "Limited Liabile for the new name must be distinguishable and contain the words "Limited Liabile for the new name of the limited liabile for the new name of the new name of the limited liabile for the new name of the	<del>-</del>
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	2875 NE 191 Street Suite 600 Aventure, FL 33180
Enter new mailing address, if applicable: (Mailing address, MAY BE A POST OFFICE BOX)	SAME AS ABOVE
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:  New Registered Office Address:	Emer Florida street addjess

## 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.

Cuy

If Changing Registered Agent, Signature of New Registered Agent

, Florida \_

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>Address</u> Type of Action <u>Title</u> Name. \_\_\_\_\_ □Add \_\_\_\_\_ □Change \_\_\_\_\_ □Add \_\_\_\_\_ Remove □Remove \_\_\_\_\_ □Change

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ffectiv an effec	e date, if other than the date of filing:
<u>cote:</u> 11 ocumer	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at's effective date on the Department of State's records.
,	
record Lis file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t f.
ated _	April8 2022
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00