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.

(((H22000058308 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ACCOURT 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:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 11575 NW 7 AVE LLC

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

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

11575 NW 7 AVE LLC				
(Name of the Limited Liability (A Florida	y Company as it now at Lamited Liability Compa	opears on our records.)		
The Articles of Organization for this Limited Liability Co	ompany were filed or	10/26/2021	and assigned	
Florida document number L21000463793	_ ·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability compar	<u>w bere</u> :		
OZ-11575 NW 7 Avenue LLC				
The new name must be distinguishable and contain the words "Limit	ited Liability Company."	the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	(ESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on (our records, <u>enter the n</u>	ame of the new register	rec
			· 22	
Name of New Registered Agent:			,	
New Registered Office Address:			: C3	
New Registered Critice Addison.	Ente	er Florida street address		
	_	, Florida		
	Cuy		Zip Code	
New Registered Agent's Signature, if changing Registere	ed Agent:			
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the register	complete performan igent as provided fo ed office address, I	re of my dulies, and 1 or in Chapter 605, F.S.	agree to comply with a m familiar with and Or, if this document is	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and consent the obligations of my position as registered a	ed Agent: and agree to act in complete performan agent as provided fo ed office address, l	re of my dulies, and 1 or in Chapter 605, F.S.	m jamular will and Or, if this document is	

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
			□Add
			□Remove
		<u> </u>	
			
			□Remove
			□Change
			□Remove
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			□Change

Effective date, if other than the date of filing: If an effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing, if Pursuant to 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The coord 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 rd is filed. Dated February 14 2022 Signature of a member or authorized representative of a member Bruno E. Ramos, Manager			<u></u>		
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Signature of a member or authorized representative of a member	February 14	2022			
	Dated	,	 ·		
Bruno F. Ramos, Manager		Signature of a member or at	thorized representat	ive of a member	
	Bruno F. Ramos, Manas	er			