1210004707147

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



100382830311

2022 HAR -9 PH 4: 16

RECEIVED



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	03/09/2022	<u> </u>	
	Merritt Wa	lker	_
Reference	e #:1619	487	<u> </u>
			CENTER GP, LLC
			to Transact Business
√ An	nendment		
☐ Ch	ange of Agent		
☐ Re	instatement		
□ Co	nversion		
□ М€	erger		
☐ Dis	ssolution/Withdrawal		
☐ Fic	titious Name		
Ot	her		
Authorize	d Amount:	\$25	
Signature	··	un	

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	03/09/2022	
Name:	Merritt Walker	_
	e #: 1619487	-
Entity Nar	me: HOFFNER (CENTER GP, LLC
	ticles of Incorporation/Authorization	
√ Am	nendment	
☐ Ch	nange of Agent	
☐ Re	einstatement	
Со	onversion	
□ М∈	erger	
☐ Dis	ssolution/Withdrawal	
☐ Fic	ctitious Name	
☐ Otl	her	
Authorize	ed Amount: \$25	
Signature	· un)	

+44 (0)20.3961.3080

COVER LETTER

TO: Registration Se Division of Co			
	nter GP, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	indence concerning this matter	to the following:	
	Arturo Borges		
		Name of Person	
	Avanti Way Capital		
		Firm/Company	
	382 NE 191st St. , #46180		
		Address	
	Miami, FL 33179		
		City/State and Zip Code	
	arturo@avantiwayeapital.co	om to be used for future annual report notifica	ation)
For further information of	concerning this matter, please c		
Arturo Borges		305 785-5594 at ()	
Name	of Person	Area Code Daytime T	elephone Number
Enclosed is a check for t	he following amount:		
☐ \$25.00 Filing Fee	S30.00 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 Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporate Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations llahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hoffner Center GP, LLC	
(Name of the Limited Liability Company as it r (A Florida Limited Liability C	low appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fill Florida document number 1.21000470747	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability cor	npany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	70 m
Principal office address MUST BE A STREET ADDRESS)	
	-9
Enter new mailing address, if applicable:	55
Mailing address MAY BE A POST OFFICE BOX)	29
3. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Cuy	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 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	The Way Partners, LLC	382 NE 191 St #46180	□ Add
		Miami, FL 33179	Remove
			□Change
MGR	Andres Korda	8300 NW 83rd St. #104	= Add
		Doral, FL 33122	□Remove
			□Change
MGR	Enrique J. Teran	8300 NW 83rd St. #104	= Add
		Doral, FL 33122	
			Frange -
			Add
			Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change

		50
		2022
		9
		
		<u> </u>
If the date inserted in this	he date of filing: nust be specific and cannot be prior to date of filin block does not meet the applicable statutor Department of State's records.	(optional) ng or more than 90 days after filing.) Pursuant to 605.0 ry filing requirements, this date will not be listed
ord specifies a delayed effectiled.	tive date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after t
March 9 d	2022	
	14.	

Filing Fee: \$25.00