

Florida Department of State
Division of Corporations
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L22000100632/10840

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H220001006323ABCQ

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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: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

16708 SW 5 WAY, LLC

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

2022 MAR 17 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 MAR 17 PM 4:02

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

16708 SW 5 WAY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on January 4, 2022 and assigned Florida document number L22000010840

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

2022 MAR 17 PM 4:02
STATE OF FLORIDA
TALLAHASSEE

FILED

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>	<u>Address</u>	<u>Type of Action</u>
MGR	LOPES, LILIANA	1860 VENICE PARK DR.	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		NORTH MIAMI, FLORIDA 33161	<input type="checkbox"/> Change
MGR	JORGE COLOMBO	16708 S.W. 5 WAY	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		WESTON, FLORIDA 33326	<input type="checkbox"/> Change
AMBR	RED & WHITE DEVELOPMENTS CORP.	16708 S,W, 5 WAY	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		WESTON, FLORIDA 33326	<input type="checkbox"/> Change
MGR	GABRIEL KLEIN	16708 S.W. 5 WAY	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		WESTON, FLORIDA 33326	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

