

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L220001006323

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.

((H22000100632 3)))



H220001006323ABCQ

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: _____

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

FILED
2022 MAR 17 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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

City, Florida

City

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

FILED
2022 MAR 17 PM 4:02
CLERK OF COURT
JAIL HOUSE
STATE OF 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>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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

(This area is intentionally left blank for amendments. A diagonal line is drawn across the space.)

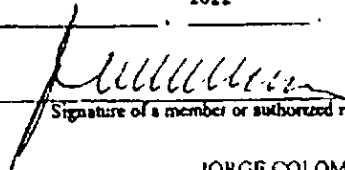
E. Effective date, if other than the date of filing: _____ (optional)

(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.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated March 16, 2022

X 
Signature of a member or authorized representative of a member

JORGE COLOMBO
Typed or printed name of signer