Division of Corporations

→ 18506176383

⊙ 08/16/2022 11:14 A/4 8/16/22, 2:11 PM



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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

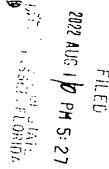
Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Addr	988:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FOUR CORNERS REAL ESTATE LLC

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



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AUG 1 7 2022

T. LEMIEUX

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FOUR CORNERS REAL ESTATE 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 w Florida document number	were filed on01/14/2022 and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabili	ity company here:				
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	y Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered				
Name of New Registered Agent: New Registered Office Address:	- P D				

New Registered Agent's Signature, if changing Registered Agent:

14154847068

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.

City

Enter Florida street address

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

Title	<u>Name</u>	Address	Type of Action
MGR	Bragi Sigurdsson	2669 S BAYSHORE DR #120	Ø Add
		MIAMI, FL 33133	Remove
			□ Change
			□Add
			Remove
			[] Change
			□Add
			□ Remove
			Change
			
			□Remove
			□Change
			🗆 Add
			□Remove
			☐ Change
			🗆 Add
			Remove
			Change

D. If amending any other information, end	nter change(s) here: (Attach additional sheets, if necessary.)
-	
E. Effective date, if other than the date of (If an effective date is listed, the date must be speci. Note: If the date inserted in this block does document's effective date on the Department.	of filing:(optional) cific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 es not meet the applicable statutory filing requirements, this date will not be listed a ent of State's records.
If the record specifies a delayed effective date, b record is filed.	but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated August 16th	. 2022
Signatur	are of a member or authorized representative of a member
Jenisa Irizarry	

Filing Fee: \$25.00

Typed or printed name of signee