

6/6/24 4:22 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ARMAR BLOOM, LLC**

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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JUN - 7 2024

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Armar Bloom, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Osvaldo F. Torres

\_\_\_\_\_  
Name of Person

Torres Law, P.A.

\_\_\_\_\_  
Firm/Company

888 Southeast Third Avenue, Suite 400

\_\_\_\_\_  
Address

Fort Lauderdale, Florida 33316

\_\_\_\_\_  
City/State and Zip Code

ozzie@torreslaw.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Osvaldo F. Torres

754

300-5815

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
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(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Armar Bloom, LLC

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

**FILED**  
2024 JUN -6 PM 1:44  
CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/20/2022 and assigned Florida document number L22000021766.

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

**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	CCP 6060, LLC	3480 Main Highway	<input type="checkbox"/> Add
		Suite 302	<input checked="" type="checkbox"/> Remove
		Miami, FL 33133	<input type="checkbox"/> Change
MGR	CCP 6060 GP, LLC	3480 Main Highway	<input checked="" type="checkbox"/> Add
		Suite 302	<input type="checkbox"/> Remove
		Miami, FL 33133	<input type="checkbox"/> Change
Authorized Representative	Todd P. Linden	3480 Main Highway	<input type="checkbox"/> Add
		Suite 302	<input checked="" type="checkbox"/> Remove
		Miami, FL 33133	<input type="checkbox"/> Change
AP	Richard Valdes	3480 Main Highway	<input type="checkbox"/> Add
		Suite 302	<input checked="" type="checkbox"/> Remove
		Miami, FL 33133	<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

2024 JUN -6 PM 1:44  
 SEC. OF  
 TALLAHASSEE, FLORIDA

FILED

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

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2024 JUN -6 PM 1:44  
TECH. INSP. DIV.  
TALPHASSEE, FLORIDA

**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 June 6, 2024

/s/ Todd P. Linden

Signature of a member or authorized representative of a member

Todd P. Linden

Typed or printed name of signee

**Filing Fee: \$25.00**