## LARCCCC96473

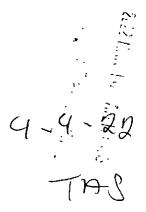
(Re	questor's Name)	
(Ád	dress)	- <u>.</u>
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

	gistration sec vision of Corp				
	CORSO CO	MMERCE CENTER LLC			
SUBJECT:		Name of Limit	ed Liability Company		
The enclose	ed Articles of A	Amendment and fee(s) are subn	nitted for filing.		
Please retur	n all correspon	ndence concerning this matter t	o the following:		
		LEONOR SCHUCK			
			Name of Person		<del>_</del>
		R&L SCHUCK CPAS LLC			
			Firm/Company		_
		6710 MAIN ST, STE 233			_
			Address		_
		MIAMI LAKES FL 33014			
			City/State and Zip Code		_
		RSCHUCK@GCPA.COM	o be used for future annual re	port notification)	_
For further	information c	oncerning this matter, please ca		•	
LEONOR			305 362-		
	Name o	of Person	Area Code	Daytime Telephone Num	her
Enclosed is	s a check for t	he following amount:			
<b>■</b> \$25.00	) Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certif sed) Certif	Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
R	<u>Tailing Addre</u> Registration			dress: tion Section of Corporations	
P	O. Box 63.	27	The Cen	tre of Tallahassee	a \$10
Т	allahassee.	FL 32314	2415 N.	Monroe Street, Suit	C 010

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## CORSO COMMERCE CENTER LLC

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

(A Florida Limited Liability Company)

(A)	Florida Limited Liability Company)	<del></del> -
The Articles of Organization for this Limited Liabi Florida document number L22000096473	lity Company were filed on $\frac{02/23/20}{2}$	22 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
CORZO COMMERCE CENTER LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	27
(Principal office address MUST BE A STREET A	(DDRESS)	
		₩
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	X)	
1		5.
B. If amending the registered agent and/or registered agent and/or the new registered office address h		s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
_		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Regi	stered Agent:	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regi- company has been notified in writing of this cha	and complete performance of my d red agent as provided for in Chapt istered office address. I hereby con	uties, and I am familiar with and er 605, F.S. Or, if this document is

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 = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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ective date, if other than the	o data of filiper		(	15
effective date is listed, the date mu	ist be specific and cannot be pr	ior to date of filing or m	ore than 90 days after fi	iling.) Pursuant to 605.020
<ul> <li>e: If the date inserted in this buttern's effective date on the I</li> </ul>	lock does not meet the app Department of State's recor	dicable statutory film ds.	g requirements, this	date will not be listed a
cord specifies a delayed effective filed.	ve date, but not an effectiv	e time, at 12:01 a.m. (	on the earlier of: (b)	The 90th day after th
ed MARCH 9	2023			
Juan	A			
7////	15711			
many	Signature of a member or as	thorized representative	of a member	<del></del>

Filing Fee: \$25.00