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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

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

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M. SOLOMON

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAZARUS CORPORATE

DOS RIOS PROPERTY, LI	.C			
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	oppears on our records.) any)			
The Articles of Organization for this Limited Liability Company were filed of Florida document number 122000148808	onMARCH 28TH, 2022	_ and as	signed	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability compa	nny here:			
The new name must be distinguishable and contain the words "Limited Liability Company	," the designation "LLC" or the abb	reviation "[L.L.C."	
Enter new principal offices address, if applicable:		12 + 12 m	2012	
(Principal office address MUST BE A STREET ADDRESS)			HH Y	
		77.4		!"[
Enter new mailing address, if applicable:		-17-	<u></u>	 , .
(Mailing address MAY BE A POST OFFICE BOX)		:	00	
B. If amending the registered agent and/or registered office address or agent and/or the new registered office address here:	ı our records, <u>enter (he nam</u>	e of the n	<u>.ew</u>	istered
Name of New Registered Agent:				
New Registered Office Address:	inter Florida street address			
City	, Florida	Zip Co	de	
Cuy		•		

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 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>	Type of Action
AMBR	RICARDO A. CURBELO	18203 JAMAICA AVENUE	□ Add
		HOLLIS, FL 11423	≣Remove
			☐ Change
AMBR	RAFAEL A. CURBELO	18203 JAMAICA AVENUE	∃Add
		HOLLIS, NY 11423	□Remove
			□Change
		·	□Change *□Add HAY
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(If an ei Note:	tive date, if other than the date of filing: MARCH 28TH, 2022 (options feetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this dament's effective date on the Department of State's records.	ng.) Pursuant to 6	505.0207 (3)(b isted as the
If the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day a	fter the
Dated	MAY 6TH 2022		
	Signature of a member or authorized representative of a member		
	RICARDO CURBELO - AMBER		

Typed or printed name of signee