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:

رس رخنج Account Name : US CONTADOR INC Account Number : I20200000121 : (770)928-2700 Phone : (888)772-8108 Fax Number

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

Enail Address:

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2505 SIRIUS LLC

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Electronic Filing Menu Corporate Filing Menu

Help

# H22000335536 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## 2505 SIRIUS LLC

( <u>Name of the Limited Lin</u> (A Flo	bility Company as it now appears on our records, i rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L22000212378</u>		and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the I	imited liability company here:	
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202 SEI
(Principal office address MUST BE A STREET AD	DRESS)	2 SEP
Enter new mailing address, if applicable:		29 A
(Mailing address MAY BE A POST OFFICE BOX)		[17] <sub>(1)</sub>
	<u></u>	- <del>- 5</del>
B. If amending the registered agent and/or registered agent and/or the new registered office address her		name of the new registered
Name of New Registered Agent:		·
New Registered Office Address:	Enter Florida street address	
	, Florid	
	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.

□ Change

H22000335536 3
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>	Name	Address	Type of Action
AMBR	RENTOUT LLC	500 SE 18TH COURT	<b>=</b> Add
		FORT LAUDERDALE, FL 33310	6 □ □Remove
			□Change
AMBR	VASQUEZ RESTREPO, GUILLERMO E	11270 NE 9TH AVE	DAdd
		FORT LAUDERDALE, FL 33310	6 ≣Remove
			□Change
			<b>∃</b> Add
			DRemove
			□Change
			DAdd
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Tective date, if other than the date on effective date is listed, the date must be note: If the date inserted in this block ocument's effective date on the Department.	runent of State's records.	yg .vquicii	end, this date with hot be	isted
ecord specifies a delayed effective da is filed.	ite, but not an effective time,	at 12:01 u.m. on the earli	er of: (b) The 90th day	after th
SEPTEMBER 21ST	2022	John Ju	mes	
Sign	nature of a member or authorize			_