h22000221798

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



000389912870

00:27,02:--01014--010 ---25.00

FILED 2022 JUN 27 AH 11: 30

COVER LETTER

| TO: Registration Division of C | i Section Corporations | | | |
|-----------------------------------|---|---|------------------|-----------------------|
| | RTINAS, PLLC | | | , |
| SUBJECT: | Name of Lin | nited Liability Company | | |
| The enclosed Articles | of Amendment and fee(s) are sul | bmitted for filing. | | |
| Please return all corre | espondence concerning this matter | r to the following: | | |
| | Barry E. Haimo | | | |
| | | Name of Person | | - |
| | Haimo Law | | | |
| | | Firm/Company | | - |
| | 8201 Peters Rd #1000 | | | |
| | <u> </u> | Address | | . 2 |
| | Plantation, FL 33324 | | | |
| | | City/State and Zip Code | | JN 27 |
| | barry@haimolaw.com | | | デン <u>コ</u> で |
| For further information | E-mail address: on concerning this matter, please of | (to be used for future annual report notificall: | ication) | 2022 JUN 27 AH II: 30 |
| Barry Haimo | | 954 599-7483 at () | | 30 |
| Nar | ne of Person | Area Code Daytime | Telephone Number | r |
| Enclosed is a check for | or the following amount: | | | |
| ■ \$25,00 Filing Fee | e S30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | ite of Status & |
| <u>Mailing Ado</u> Registratio | | Street Address: Registration Sec | etion | |
| Division of Corporations | | Division of Corp | porations | |
| P.O. Box (| 6327 ee, F1, 32314 | The Centre of To 2415 N. Monroe | | 210 |
| ramanasse | .C. 11. 34314 | 2413 IN. MONTOC | , ancon sunc a | 110 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| AA CORTINAS, PLLC | | |
|--|--|---------------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Jability Company) | |
| The Articles of Organization for this Limited Liability Company were filed on 05/11/2022 | | and assigned |
| Florida document number 1.22000221798 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| AA CORTINAS PLLC | | |
| he new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 1 Alhambra Plaza | |
| Principal office address MUST BE A STREET ADDRESS) | Penthouse | |
| | Coral Gables, Florida 33134 | 20 |
| | | 22 . |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | 27 |
| man cas part 12271 Cost of the case of | <u> </u> | 57 E 17 |
| | | |
| B. If amending the registered agent and/or registered office a | address on our records, <u>enter the</u> | name of the med register |
| agent and/or the new registered office address here: | | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| 1.07 isogostou villed riddices. | Enter Florida street address | |
| | , Flori | da |
| | 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 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> | Address | Type of Action |
|--------------|-------------|---------|--|
| | | | □Add |
| | | | □Remove |
| | | | ☐Change |
| | | | □Add |
| | | | □Remove |
| | | · | □Change |
| | | | □ Add 2022 □ □ Reimove = 5 |
| | | | □ Add 2022 move □ Remin 2 7 mm II do 3 I □ Change □ Change □ Change □ Change □ Change □ Change |
| | | | □ Remove |
| | | | □Change |
| | | | □ Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |

| | | | - |
|---|--|---|-------------|
| | | | - |
| · | | | - |
| | | | - |
| - | | | - |
| | | | - |
| | | | - |
| | | | |
| | | | 202 |
| | | <u> </u> | 2022 JUN 27 |
| - | | | . 27 |
| | | SE SE | - |
| | | 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | AM II: |
| | | <u> </u> | <u> </u> |
| | | | • |
| | | | |
| Effective date, if other th | oan the date of filing: date must be specific and cunnot be prior to date of filing or m | (optional) | |
| Sate: If the date inserted i | n this block does not meet the applicable statutory filin in the Department of State's records. | nore man 90 days after thing.) Putstant to 60; ig requirements, this date will not be list | ed as the |
| the record specifies a delayed cord is filed. | effective date, but not an effective time, at 12:01 a.m. | on the earlier of: (b) The 90th day after | r the |
| Dated Type | 13.2022 | | |
| | // <i>///////</i> //// | | |
| | m/////// | | |

Typed or printed name of signee

•