⊙ 06/21/2022 6:41 AM



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now (A Florida Limited Liability Cor	npany)
The Articles of Organization for this Limited Liability Company were filed lorida document number <u>L22000251351</u> .	1 on 06/07/2022 and assigned
Torida document number	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	oany here:
he new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	<u>e</u> 2
	25.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.
Mailing address MAY BE A POST OFFICE BOX)	n our records, enter the name of the new regis
Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address of	n our records, <u>enter the name of the new regis</u>
Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address of	
Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address of	n our records, <u>enter the name of the new regis</u>
Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address or gent and/or the new registered office address here:  Name of New Registered Agent:	n our records, <u>enter the name of the new regis</u>
Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address or gent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	n our records, <u>enter the name of the new regis</u>
New Registered Office Address:	n our records, enter the name of the new regis

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>	Name	Address	Type of Action
MGR/ AMBR	RAMON A. PEREZ	505 SE 6TH AVE., STE C	■Add
		DELRAY BEACH, FL 33483	□Remove
			Change
			□Add
			Remove
			[] Change
			□Add
			Remove
			Change
			Remove
			□ Change
			DAdd
			Remove
			☐ Change
			□ Remove
			□Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
Note: If	ive date, if other than the date of filing:
the record s cord is filed	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
Ju Dated	ne 21st
	Halley Robins
	Signature of a member or authorized representative of a member
	Ashley Perkins, Attorney-in-Fact
	Typed or printed name of signee

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