

L22000 301582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

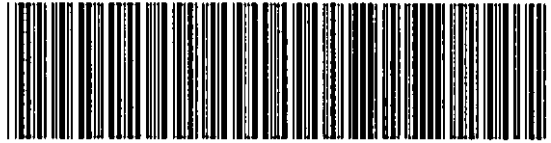
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

623

Office Use Only

[Handwritten signature]



100391969271

08/09/22--01014--010 **25.00

NOTARY PUBLIC
DIVISION OF CORPORATION
22 NOV 28 PM 3:42



RECEIVED

2022 NOV 28 PM 1:56

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 27, 2022

GUSTAVO ALFONSO BARRAGAN
255 SW 31 RD
MIAMI, FL 33129

SUBJECT: 255 SW 31 RD LLC
Ref. Number: L22000301582

22 NOV 28 PM 3:42

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

We have received your document for 255 SW 31 RD LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall
OPS Clerk

Letter Number: 122A00024172

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 255 SW 31 RD LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GUSTAVO ALFONSO BARRAGAN

Name of Person

255 SW 31 RD LLC

Firm/Company

255 SW 31 RD

Address

MIAMI, FL 33129

City/State and Zip Code

gbarragan@conequipos.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

gbarragan@conequipos.com

305 4624111
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

22 NOV 28 PM 3:42
STATE
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

255 SW 31 RD LLC

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

The Articles of Organization for this Limited Liability Company were filed on 07/06/2022 and assigned
Florida document number L22000301582.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

255 SW 31 RD
MIAMI, FL 33129

22 NOV 28 PM 3:42
DIVISION OF CORPORATE REGISTRATION

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, **Florida**
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 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CR REALTY & MANAGEMENT	140 S. DIXIE HWY APT 706	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GUSTAVO A. BARRAGAN	551 NW 41 ST	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33127	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

22 MAY 28 PM 3:42
DIVISION OF CORPORATION
STATE OF FLORIDA

22 NOV 28 PM 3:42

22 NOV 28 PM 3:42
DIVISION OF CORRECTIONS

If the record 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 record is filed.

Signature of a member or authorized representative of a member

CR REALTY & MANAGEMENT LLC

Typed or printed name of signee

Filing Fee: \$25.00