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17867131940

From: TAXLEAF.COM CONTADORMIAMI.COM

8/10/22, 3:23 PM

Division of Corporations

## Florida Department of State 35 Division of Compositions Electronic Miling Cover Sheet

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(((H220002707393)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTADORMIAMI.COM INC

Account Number : I20200000130 Phone : (954)345-7888 Fax Number : (786)713-1940

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

r1	Addrace			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PEHUEN FLORIDA HOMES ONE LLC

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From: TAXLEAF.COM CONTADORMIAMI.COM

H22000270739 3

## ARTICLES OF AMENDMENT TO . . 'ARTICLES OF ORGANIZATION \* OF

PEHUEN FLORID	A HOMES ONE LLC	•		
( <u>Name of the Limited Limbility Com</u> (A Florida Limited	pa <u>ny as it now aopears</u> I Liability Company)	on our records.)	·	
The Articles of Organization for this Limited Liability Compan Florida document number	y were filed on	07/18/2022	and assigned	I
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here	<u>2</u> :		
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the desi	ignation "LLC" or the abb	previation "L.L.C."	<del></del>
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)				<del></del>
B. If amending the registered agent and/or registered office	address on our rec	ords, enter the name	of the new reg	istered
agent and/or the new registered office address here:	. 14411 (33 (7) 7) (1)	<u> </u>	2022 AU SE CINE ALL ALI	
Name of New Registered Agent:			<u> 개간 및</u>	: - ۱۲ <u></u> -
New Registered Office Address:	Enter Florid	a street address		田 30
		. Florida	4 05 5 2 7 8 2 8 8 2 8	
<del></del>	City	1 103144	Zip Code W	
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		~	
			. ,	

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: H220002707393

17867131940

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	CORBETT CIFUENTES, JULIAN R	21165 HELMSMAN DR APT G14	🗀 Add
		AVENTURA, FL 33180	Remove
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			Remove
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if amending	any other information, en	ter change(s) here: (A	ttach additional sheets.	if necessary.)	
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Effective dat	e, if other than the date of	filing:	- of filing or more than 90 d	_ (optional)	o 605.11207 (3)(b)
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c record specif	īcs a delayed effective date, b	out not an effective time, s	t 12:01 a.m. on the earli	er of: (b) The 90th day	after the
rd is filed.					
<b>~</b>	AUGUST 10TH	2022			
Dated					
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	Signatu	e of a member or authorized	representative of a member	ı	
		CORBETT CIFUEN			