Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

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

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PROVENCE 2, LLC

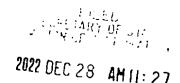
Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



PROVENCE 2	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 and assigned and assigned
Florida document number	2000364988 and assigned
This amendment is submitted	to amend the following:
A. If amending name, ente	the new name of the limited liability company here:
The new name must be distinguish	able 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 M)	(ST BE A STREET ADDRESS)
Enter new mailing address,	if applicable:
(Mailing address MAY BE A	POST OFFICE BOX)
B. If amending the register agent and/or the new regist	ed agent and/or registered office address on our records, <u>enter the name of the new registered</u> ered office address here:
Name of New Regi	tered Agent:
New Registered Of	ice Address:
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Sign	ture, if changing Registered Agent:
provisions of all statutes re accept the obligations of m	nent as registered agent and agree to act in this capacity. I further agree to comply with the ative to the proper and complete performance of my duties, and I am familiar with and position as registered agent as provided for in Chapter 605, F.S. Or, if this document is a change in the registered office address, I hereby confirm that the limited liability 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

15612148442

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Christine Alexandru	3268 NE 15th Street	≡ Add
		Pompano Beach, FL 33062	□ Remove
			☐ Change
			□Add
			Remove
			□Change
			□Add
			Remove
			
		·	□Add
			Remove
			□Change
			🗀 Add
			Remove
			Remove

D Ifame	nding any other i	nformation, enter change(s) here: (Attach additional sheets, if necessary.)
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<u>Note:</u>	If the date inserted i	han the date of filing:
If the record record is fil		effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated .	December 28th	2022
		Arkley Relina
	-	Signature of a member or authorized representative of a member
	Ashley Perkins.	Attorney-in-Fact
		Typed or printed name of signee

Filing Fee: \$25.00