2/2/23, 4:25 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000044397 3)))



H230000443973ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **4681 SW 72ND AVE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

FE3 33 423

TO:

Registration Section

COVER LETTER

Division of Co	rporations			
erm mem.	4681 SW 2	72nd AVE LLC		
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub			
		Dayleen Anchia		
		Name of Person		
		Day Pitney LLP		
		Firm/Company		
396 Alhambra Circle North Tower, 14th Floor				
		Address		
		Miami FL 33134	<u></u>	
		City/State and Zip Code		
	E-mail address: (danchia@daypitney.com to be used for future annual report non	fication)	
For further information of	concerning this matter, please c			
Amanda G. Gomez		305 373-4049		
Name o	of Person	at () Area Code Daytini	e Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre Registration Division of C P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro	rporations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B. If amending the registered agent and/or gent and/or the new registered office addr Name of New Registered Agent: New Registered Office Address:	Amanda G. Gomez, Esq. c/o Day Pitney El 396 Alhambra Circle North Tower, 14th Fl Enter Florida street ac Miami City	loor	3 FEE - 2 PM 4: 9
gent and/or the new registered office addr	Amanda G. Gomez, Esq. c/o Day Pitney El 396 Alhambra Circle† North Tower, 14th Fl	loor	EEE - 2 P
gent and/or the new registered office addr	Amanda G. Gomez, Esq. c/o Day Pitney Ll		
gent and/or the new registered office addr		_P	_ L
	ess here:		دے
	registered office address on our records, <u>c</u>	nter the name of	the new reg
Mailing address MAY BE A POST OFFICE	E BOX)		
Enter new mailing address, if applicable:			
<u>Principal office address MUST BE A STRE</u>	ET ADDRESS)		
Enter new principal offices address, if appli	icable:		
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation	'LLC" or the abbrev	iation "L.L.C."
A. If amending name, enter the new name	of the limited liability company here:		
his amendment is submitted to amend the fol	llowing:		
lorida document number L22000365149	•		
he Articles of Organization for this Limited	Liability Company were filed on 08/19/2022		and assigne
	nited Liability Company as it now appears on our re (A Florida Limited Liability Company)	<u></u> /	
(Exame of the tim	tirea transmit combant as it flow appears on our re		

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 Agend 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

Title	Name	<u>Address</u>	Type of Action
MGR	Cesar Cajigas	1501 Venera Avenue	
		Suite 203, Coral Gables, FL 33143	≣Remove
			Change
MGR	Ricardo Cajigas	3325 NW 79 AVE	≅Add
		Míami, FL 33122	□Remove
			(Change
			🖸 Add
			□Remove
		****	DAdd
			☐Remove
			□Change
			□Add
			□Remove
			□Change
			□Add

Remove

							
							*·
				·			
			· ·				
	· · · · · · · · · · · · · · · · · · ·			<u> </u>	-11		
-						***************************************	
				· -			····
							
		<u></u>					
****					•		
		····					
	· · · · · · · · · · · · · · · · · · ·	 					
						. <u> </u>	
		•					
E ff orthus das		AL - 3 - A - C (7)	,				
Lifective dat If an effective di	e, ii otner tnan ate is listed, the date	tne date of the must be specific	and cannot be pr	or to date of filin	ng or more than 90	(optional) days after filing.) Pur	suant to 605.0207
Note: If the d	late inserted in the	is block does no	it meet the app	licable statutor	y filing requiren	ents, this date will	not be listed as t
document's ci	ffective date on th	ie Department o	of State's recor	ds.			
	_						
e record specit rd is filed.	fies a delayed effe	ictive date, but r	not an effective	time, at 12:01	a.m. on the earl	ier of: (h) The 90	th day after the
is is incu.							
Februa	ry 2		2023				
Dated				·			
		ンヤン	\sim				
		·					

Typed or printed name of signee