

L23000105506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J. HORNE
APR 25 2023

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FILED
2023 APR 24 AM 9:00
SECRETARY OF
TALLAHASSEE

FILED
2023 APR 24 PM 3:11
TALLAHASSEE

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED AMENDMENT FOR:

MULTI INVESTMENTS TS LLC

PLEASE RETURN A STAMPED COPY & A CERTIFICATE OF GOOD STANDING

CHECK# 9597 FOR: \$30.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MULTI INVESTMENTS TS 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:

TAMARA LE BLANC

Name of Person

CBA MIAMI LLC

Firm/Company

1600 PONCE DE LEON BLVD STE 901

Address

CORAL GABLES FL 33134

City/State and Zip Code

Jaime.reyes@cbamiamius.com

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

For further information concerning this matter, please call:

JAIME REYES

786 728-5603
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

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

MULTI INVESTMENTS TS LLC

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

SECRETARY OF
TALLAHASSEE
2023 APR 24 AM 9:00
FILED

The Articles of Organization for this Limited Liability Company were filed on 03/03/2023 and assigned
Florida document number L23000105506.

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 "LLC."

Enter new principal offices address, if applicable:

9506 NW 37th CT

(Principal office address MUST BE A STREET ADDRESS)

CORAL SPRINGS FL 33065

Enter new mailing address, if applicable:

9506 NW 37th CT

(Mailing address MAY BE A POST OFFICE BOX)

CORAL SPRINGS FL 33065

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:

9506 NW 37th CT

Enter Florida street address

CORAL SPRINGS

Florida 33065

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	LE BLANC, SEBASTIAN	9506 NW 37th CT	<input type="checkbox"/> Add
		CORAL GABLES, FL 33065	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LE BLANC, TAMARA	9506 NW 37th CT	<input checked="" type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

CONFIRMING CHANGES: REMOVE SEBASTIAN LE BLANC,

ADD TAMARA LE BLANC AS MANAGER

AND CORRECT ADDRESS, THE CORRECT CITY IS CORAL SPRINGS

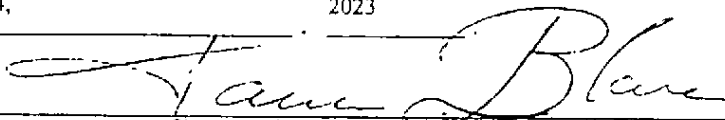
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated APRIL 24, 2023



Signature of a member or authorized representative of a member

TAMARA LE BLANC

Typed or printed name of signee

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