

(((H23000112755 3)))



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 : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

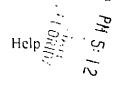
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 832 C2W2 LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu



T. LEMIEUX MAR 27 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

832 C2W2 LLC	the seconds		
(Name of the Limited Llability Com (A Florida Limited	pany as it now appears on our records,) d Liability Company)		
e Articles of Organization for this Limited Liability Compar	ny were filed on 03/15/2023	and assign	ed
orida document number L23000134358			
is amendment is submitted to amend the following:			
If amending name, enter the new name of the limited li	ability company here:		
e new name must be distinguishable and contain the words "Limited Li-	ability Company," the designation "LLC" or a	he abbreviation "L.L.C	, pr
nter new principal offices address, if applicable:	<u> </u>		
rincipal office address MUST BE A STREET ADDRESS)			
· .			
nter new mailing address, if applicable:	.,		
Mailing address MAY BE A POST OFFICE BOX)	,		
		1 862	
. If amending the registered agent and/or registered offi	ice address on our records, enter the		regist
ent and/or the new registered office address here:	······································	<i></i>	
		24	
Name of New Registered Agent:		<u> </u>	<u>'</u> _,
Hante of the Holes		5	
New Registered Office Address:	Enter Florida street address	- CE - G	
	Flori		
	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 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	<u>Name</u>	Address	Type of Action
MGR	KARP 18 LLC	1945 S OAK HAVEN CIRCLE	□∧dd
	\	MIAMI FL 33179	
•			□Change
MGR	CARP 18 LLC	1945 S OAK HAVEN CIRCLE	
		MIAMI FL 33179	
			□ Change
		· · · · · · · · · · · · · · · · · · ·	
		·.,	□ Remove
			Change
			□Remove
			\ \tag{Change}
			□Add
			□Remove
			□Add
			□Remove
			C) Change

<u>-</u> 			
			
		<u> </u>	_
			_
_			
_			_
			- <u></u>
			-
_			
_			
			_
			-
<u></u> -			
			_
_			_
			-
			-
Note: If	ave dute is listed, the date must be sho	of filing:(optional) ceific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 es not meet the applicable statutory filing requirements, this date will not be listent of State's records.	5.0207 ted as
record s d is filed.	specifies a delayed effective date,	but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
Dated	ARCH, 23		
	Signate	are of a member or authorized representative of a member	
	ALFRED WAICH	/ 1	