Division of Corporations

# 11/30/23, 2:02 PM Electronic Filing Cover S

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : OLIVE JUDD, P.A. Account Number : I20200000171 Phone : (954)334-2250 Fax Number : (888)503-5258

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

Email Address: nvillarroel@olivejudd.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN<sup>2</sup>

**MIA 4204 LLC** 

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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## (((H23000409587 3)))

#### **COVER LETTER**

TO: Registration S  Division of Co			
MIA 4204	LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del> </del>
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	NICOLE M. VILLARRO	EL, ESQ.	
		Name of Person	
	OLIVE JUDD, P.A.		
		Firm/Company	
	2426 E. LAS OLAS BLV	D	
	· ·	Address	
	FORT LAUDERDALE, F	L 33301	
		City/State and Zip Code	···
	NVILLARROEL@OLIVE		
	E-mail address: (	to be used for future annual report notif	fication)
For further information	concerning this matter, please c	all:	
NICOLE M. VILLARROEL		954 334-2250	
Name o	of Person		e Telephone Number
Enclosed is a check for t	he following amount:		
宫 \$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		Street Address:	otion
Registration Division of (		Registration Sec Division of Corp	
P.O. Box 632		The Centre of T	
Tallahassee	F1, 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

(((H23000409587 3)))

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIA 4204 LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) inbility Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000364906</u>	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
CENTRAL PARK SOFLO LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbrevia	tion "L.L.C."
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)		<u>.</u>
(Mining maness 1971 1007 1001 Of Free BOX)		282
B. If amending the registered agent and/or registered office a	ddress on our records, enter the name of t	he new registered
agent and/or the new registered office address here:	· · · · · · · · · · · · · · · · · · ·	co T
		-P :
Name of New Registered Agent:		
New Registered Office Address:	<u>.</u>	: <del>-</del>
New Registered Office Address.	Enter Florida street address	
	. Florida	
		Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am famili rovided for in Chapter 605, F.S. Or, if this	ar with and s document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

Fax;

## (((H23000409587 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = .	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			□\dd
		<del></del>	□Remove
		<del></del>	Dbdd
			□Remove
			□∧dd
		<del></del>	□Remove
			□Change

From: Olive | Judd, P.A:

MGR = Manager

AMBR = Authorized Member

Fax:

### (((H23000409587 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Type of Action **Title** Name Address \_\_\_\_\_\_ □Remove \_\_\_\_\_ Change \_\_\_\_\_\_ □Add \_\_\_\_\_ □ Add \_\_\_\_\_ □Change \_\_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_\_ □Add \_\_\_\_\_\_ 🗀 Remove \_\_\_\_\_ □Change 

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effective date is listed, the	date must be specific and	cannot be prior to	date of filing or m	ore than 90 days at	ler filing.) Pursuant to 6	05.0
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Filing Fee: \$25.00