

# L23000431408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

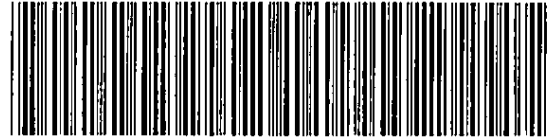
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/15/23--01001--003 \*\*25.00

RECEIVED

2023 DEC 14 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FILED

2023 DEC 14 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA RESEARCH & FILING SERVICES, INC.

4044 LONGLEAF CT

TALLAHASSEE, FL 32310

PH: 850-524-4381

PLEASE FILE THE ATTACHED AMENDMENT FOR:

CREA ARQUITECTURA FL LLC

PLEASE RETURN A STAMPED COPY

CHECK: #9785

AMOUNT: \$25.00

THANK YOU

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CREA ARQUITECTURA FL 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:

JAIME REYES

\_\_\_\_\_  
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@cbamiami.com

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

For further information concerning this matter, please call:

CLARA MONTEAGUDO

954 608-4896  
at ( )  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

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**

**FILED**

CREA ARQUITECTURA FL LLC

2023 DEC 14 AM 9:55

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/15/2023 and assigned  
Florida document number L23000431408.

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 "L.L.C."

Enter new principal offices address, if applicable:

1600 PONCE DE LEON BLVD STE 901

(Principal office address MUST BE A STREET ADDRESS)

CORAL GABLES FL 33134

Enter new mailing address, if applicable:

1600 PONCE DE LEON BLVD., STE 901

(Mailing address MAY BE A POST OFFICE BOX)

CORAL GABLES FL 33134

**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:

JAIME REYES

New Registered Office Address:

1600 PONCE DE LEON BLVD STE 901

*Enter Florida street address*

CORAL GABLES

, Florida 33134

*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**

[illegible]

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

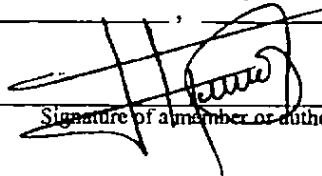
*(This area is for amendments. A diagonal line is drawn across the space, indicating no changes were made.)*

**FILED**  
2023 DEC 14 AM 9:55  
TALLAHASSEE, FLORIDA  
CLERK OF STATE

E. Effective date, if other than the date of filing: 09/15/2023 (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 DECEMBER 13TH, 2023



Signature of a member or authorized representative of a member

JOSE GOMEZ

Typed or printed name of signee