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.

(((H24000189269 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

From: 3055309409

Fax Number : (850)617-6383

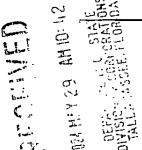
From:

Account Name : NEIMAN & INTERIAN, PLLC

Account Number : I20180000010 Phone : (305)530-9400 Fax Number : (305)530-9409

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

pmendez@mendezpa.com Email Address:_



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **524 GRAND BAY, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$60.00

Electronic Filing Menu

Corporate Filing Menu K. SALY

Help

ARTICLES OF AMENDMENT TO TO TO TO THE PROPERTY OF ARTICLES OF ORGANIZATION

FILED
MAY 20
SECRETAL PM 1: 48

	524 GRAND BAY, LLC	TALL BETA
(Name of the Limited (A	Linbility Company as it now appears on c Florida Limited Liability Company)	TALLAHASSEE FLOOR
The Articles of Organization for this Limited Liab Florida document numberL24000165336	oility Company were filed on <u>APRI</u>	- Unity :
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAX BE A POST OFFICE BO	220	
B. If amending the registered agent and/or reg agent and/or the new registered office address l		ls, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	cet address
	City	, Florida

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:

((H24000189289 3))) or removed from our records:

From: 3055309409

MGR = M AMBR = A	Ianager Authorized Member	•	
Title	Name	Address	Type of Action
MGR	JAN S. NEIMAN	2020 PONCE DE LEON BLVD., SUITE 1005B	DAdd
		CORAL GABLES, FL 33134	BRemove
			DChange
MGR	ALBERTO INTERIAN	2020 PONCE DE LEON BLVD., SUITE 1005B	🗀 Add
		CORAL GABLES, FL 33134	BRemove
			□ Change
MGR	NEIDA FRAGOSO	2020 PONCE DE LEON BLVD., SUITE 1005B	\(\bar{\text{\tint{\text{\text{\text{\text{\tint{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\tin}\text{\texi{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\}\tittt{\text{\text{\ti}\}\tittt{\text{\text{\text{\text{\ti}\tittt{\text{\ti}\text{\text{\text{\text{\text{\text{\text{\ti}}\tittt{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\texi}\text{\text{\texi}\text{\text{\texit{\text{\ti}\}\tittt{\text{\texi}\tittt{\text{\texi}\text{\texi}\t
		CORAL GABLES, FL 33134	□Remove
		·	□Change
			🗆 🗆 Add
•			□Remove
			□Change
		·	🗆 Add
•			□Remove
			Change
			🗆 Add
•	•		□Remove
		, <u> </u>	Change
		ALLAHASSEE, FLORI	FILED 2024 HAY 29 PM 1: 48 SECRETARY SALVAGE

(((H24000189269 3)))

		·		
		·		
				
				
				200
				20.
		 -		至6 五
	· · · · · · · · · · · · · · · · · · ·			
		<u>-</u>		55.7
				7
				95.
				
	· 			
	·			
			-	
fective date, if other than the dat in effective date is listed, the date must be ite: If the date inserted in this block cument's effective date on the Depar	does not meet the app	licable statutory fil	more than 90 days after ing requirements, the	tional) er filing.) Pursuant to 605.020 ris date will not be listed as
ecord specifies a delayed effective da	te, but not an effectiv	e time, at 12:01 a.n	n, on the earlier of: ((b) The 90th day after the
ted May 24th	, 2024	·		
_	200			
	100 500 -100			

Filing Fee: \$25.00