

8/2/24 3:50 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H240002611523)))



H240002611523ABCX

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 : AGENTS AND CORPORATIONS, INC.

Account Number : 120010000112

Phone : (302) 575-0875

Fax Number : (302) 575-1642

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
2130 NORMANDY ISLES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

FILED
2024 AUG -2 PM 1:02
SECRETARY OF STATE

RECEIVED
2024 AUG -2 PM 3:54
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX
AUG - 6 2024

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

2130 NORMANDY ISLES LLC

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

The Articles of Organization for this Limited Liability Company were filed on 07/18/2024 and assigned
Florida document number L24000318793.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

City, Florida

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

FILED

2024 AUG -2 PM 1:02

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>
MGRM	1930 NORMANDY ISLES GP LLC	2625 WESTON ROAD - SUITE 105	☐ Add
		WESTON, FL 33331	☒ Remove
			☐ Change
MGRM	MURORA INVESTMENTS CAPITAL LLC	2625 WESTON ROAD - SUITE 105	☐ Add
		WESTON, FL 33331	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

F. Effective date, if other than the date of filing: _____ (optional)
If an effective date is listed, the document becomes effective on the date listed.

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 c3.gbr

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.

(b) The 90th day after the record is filed.

Dated AUGUST 1ST

2024

Rosa Picardy

Signature of a member or authorized representative of a member:

ROSA ISABEL RICARDO

Typed or printed name of signee