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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)517-6383

From:

Account Name : CORPORATE CREATIONS INTERNATION

Account Number : 110432003053

Phone

: (561)694-8107 1 (561)694-1639

Fax Number

**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 1991 SW HAYWORTH AVENUE, LLC

Certificate of Status	0
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Page Count	5 05
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Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	ears on the records of the Florida Department of	:
State: 1991 SW Hayworth Av	renue, LLC	
Enter new principal office address, if applicable	Marie Carlos Car	<u></u>
(Principal office address MUST BE A STREET ADDRESS)		ē
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited	liability company is: M16000007331	
3. Jurisdiction of its organization; Delaw	are	
4. Date authorized to do business in Florida:	September 15, 2016	- 1 SSE - 1
SECTION II (5-9 completé only the applicabl	lo changes)	
5. New name of the limited liability company:	2112 SW Gadin Boulevard, LLC	
(m	ust contain "Limited Liability Company, ""L.L.C.," or	2000 C
(If name unavailable, enter alternate name adopt copy of the written:consent of the managers or must contain "Limited Liability Company," "LI	ted for the purpose of transacting business in Florida an nanaging members adopting the alternate name. The alternate of "LLC.")	d attach a amate mane
6. If amending the registered agent and/or registered agent and/or the new registered office	ored officer address on our records, <u>enter the name of the name o</u>	је пву
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida Street Address	
_	, Florida	 :
		ode
New Revistered Agent's Signature, if changing I I hereby accept the appointment as registered at the provisions of all statutes relative to the prope	Registered Agent: zent and agree to act in this capacity. I further agree to er and complete performance of my duties, and I am for	comply with miliar with

New Revisional Agent's Signature, if changing Resistanted 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.

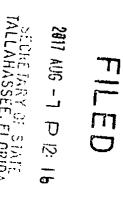
8. If the amusiment of	hanges person, title or capacity in	accordance with 605.0902 (1)(e), indicate that	t change:	
Title/ Capacity	Name	Address	Type of Action	
		·	□Add	
			Remove	
				
		•	2017 a UG	24
	······································		SSET D	
			S FA Remove	D
			Add	
			Remove	
		:	Add	
			Remove	
aforementioned am	icate, if required: no more than 9 condiment(s), duly sufficiented the law of which this entity is 50	by the official having custody of records in th	e :	
	Signature	of the authorized representative	;	
	Doxia Dargaty, as	s authorized person rinted name of signes	: :	
	•	g Floor 525.00	;	

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "1991 SW HAYWORTH AVENUE, LLC", CHANGING ITS NAME FROM "1991 SW HAYWORTH AVENUE, LLC" TO "2112 SW GATLIN BOULEVARD, LLC", FILED IN THIS OFFICE ON THE THIRTY-FIRST DAY OF JULY, A.D. 2017, AT 1:39 O'CLOCK P.M.

 $\hat{\mathbf{x}}_{s}'.$





Authentication: 203011710

Date: 08-07-17

6150184 8100 SR# 20175595442 State of Delivarie,
Secretary of State
Division of Corporations
Delivered 01:39 PM 07/21/2017
FILED: 01:39 PM 07/31/2017
SK 20175491503 - File Number 6150184

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

as follows: The Limited	Liability Company	is changing its name.
In order to	accomplish the for in its entirety and	egoing, Paragraph FIR
following	The name of the lim	ited liability compan
hereby form	ed is: 2112 SW Gat	lin Boulevard, LLC.
ı		
	:	
The street of the	MIEDROE the redaminant	i have executed this Certificate of
the 28th	day of July	, A.D. 2017
	day of <u>July</u>	, A.D. <u>2017</u> .
	day of <u>July</u>	, A.D. 2017 / Doxia Dargaty
	day of <u>July</u>	, A.D. <u>2017</u>
	day of July By: /s	, A.D. 2017 . / Doxia Dargnty