L19000053258

Office Use Only



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COVER LETTER

TO: Registration Se Division of Co				
PEREZ CA	ARRILLO REALTY GROUP I	LC		
SUBJECT:		nited Liability Company		
	Manc of 1711	med Elaimity Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Silvia Carrillo Perez			
		Name of Person	 	
	PEREZ CARRILLO REA	LTY GROUP LLC		
	· · · · · · · · · · · · · · · ·	Firm/Company		
	6190 West 14th Ave			
		Address		_
	Hialeah, Florida 33012			19 HAR
		City/State and Zip Code		第二
	sperez.3535@aol.com			23
	E-mail address: (to be used for future annual report notif	ication)	-
For further information of	concerning this matter, please c	all:		
Silvia Carrillo Perez		305 304-6815		
Name o	f Person	at () Area Code Daytime	: Telephone Number	
Enclosed is a check for the	he 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)	
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	nited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Florida document number 1.19000053258	Liability Company were filed on	2/22/19 2	and assigned
This amendment is submitted to amend the fo	llowing:		
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	e designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
			.5
Enter new mailing address, if applicable:			2
(Mailing address MAY BE A POST OFFICE	= 		
B. If amending the registered agent and registered agent and/or the new registered or and/or the new registered agent agen		on our records, <u>enter the r</u>	iame of the ne
Name of New Registered Agent:	Silvia Carrillo Perez (P)		
New Registered Office Address:	6190 West 14th Ave		
	Enter F	lorida street address	
	Hialeah	, Florida 33012	
	City		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.

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

<u>Name</u>	<u>Address</u>	Type of Action
Silvia Carrillo Perez	6190 West 14th Ave, Hialcah, Fl 33012	
		Remove
Perez, Vanessa Michelle	6190 West 14th Ave, Hialcah, Fl 33012	
		□ Remove
		☐ Change
		
		□ Remove
		Change
		□ Remove
		☐ Change
		□ Remove
		Change
		O Add
		☐ Remove
		Perez Vanessa Michelle 6190 West 14th Ave, Hialeah, Fl 33012 Perez Vanessa Michelle 6190 West 14th Ave, Hialeah, Fl 33012

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			<u> </u>
		 	
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date of filing:		(optional)	
the specific and cannot be prior	to date of filing or more the	han 90 days after filing.) Pur	rsuant to 605.0207
		quirements, and date #th	not be fisted as
effective date, but no	t an effective time	e, at 12:01 a.m. on	the earlier of
		•	
2019			
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mea Carre	llo Pers	2	
Signature of a member or author	rized representative of a	TO CO	
Signature of a member or author	rized representative of a	new ter	
it c c	to be specific and cannot be prior ock does not meet the applica epartment of State's records. I effective date, but not ord is filed.	ock does not meet the applicable statutory filing recepartment of State's records. I effective date, but not an effective time ord is filed.	to be specific and cannot be prior to date of filing or more than 90 days after filing.) Pur ock does not meet the applicable statutory filing requirements, this date will epartment of State's records. If effective date, but not an effective time, at 12:01 a.m. on ord is filed.

Page 3 of 3

Filing Fee: \$25.00