## L19000287975

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#1 SEP 20 PH 5: 12

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#### **COVER LETTER**

Division of Co			
SUBJECT:		ERTY GROUP, I.L.C	
SOURCE.		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	EDI	JARDO R. GARCIA	
		Name of Person	<del></del>
	PARALEGALI	EAGLES & ASSOCIATES, LLC	
		Firm/Company	
	12	50 WEST AVE STE 7-K	
		Address	
	М	IAMI BEACH, FL 33139	
		City/State and Zip Code	
	•	aralegaleagles@live.com	
P 6 0 . 6		to be used for future annual report no	otification)
	oncerning this matter, please c	all:	
Eduardo l	R. Garcia	305 491-9887 at ()	
Name o	f Person	Area Code Dayti	ime Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration S Division of Co The Centre of	orporations
Tallahassee,			roe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF PM 5: 12

BIANCO PROPE		· · · · · · · · ·	•
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appear uted Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Comp	cany were filed on	11/20/2019	and assigned
Florida document number 1.19000287975			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," the de	esignation "LLC" or the	abbreviation "L.I.,C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
	<del></del>		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	lice address on our re	ecords, <u>enter the na</u>	ne of the new register
Name of New Registered Agent:	HUGO A. BIA	NCO, SR.	
New Registered Office Address:			
	Enter Flore	ida street address	
		, Florida _	
	Citv	<del></del>	Zin 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 7121 SEr 20 PH 5: 12

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	HUGO A. BIANCO, JR	271 WEST PARK DR APT # 6	
		MIAMI, FL 33172	Remove
		·	
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
<del></del>		<del> </del>	□Add
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			□Remove
			□Change
			□Add
			□Remove
			Change

11 (211-211-	ding any other information, enter change(s) here: (Attach additionalisheets, if necessary.)
	<del></del>
_	
(If an effect Note: If	e date, if other than the date of filing:
ard in file	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 l.
Dated	091-15-2021-
	091-15-2021- Lues Jines
	Signature of a member or authorized representative of a member
	LIUGO BIANCO SR.

Filing Fee: \$25.00