L17000 2/6338

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

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94/29/19--01011--016 **25.00





·COVER LETTER

TO: Registration Section Division of Corpor		·	
SUBJECT: 15	For Realty,	ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are subr	nitted for filing.	
Please return all corresponde	nce concerning this matter t	to the following:	
	Jrs	SICA Alvare Z	
		TP Realty, L	
	11341	Sw 144 Ave	
	Mam	Address 3318	6
-)a\v	City/State and Zip Code G(CZ) (Pa) Hor (a) o be used for future annual report not	gmail com
For further information conc			,
Vessi Name of Pc	ca Alvarez	at (305) 28. Area Code Daytin	3- 319) ne Telephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee	S30.00 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)

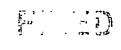
MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION [1] **OF**



1 Stop Realty,	LLC	2019 APR 29 AM 11: 16
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on clability Company)	our records:)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on/	C118 2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability".	10	tion "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 offregistered agent and/or the new registered office address here		records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida su	use address
	Emer r torida Mi	
	Ciţv	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of	performance of my a rovided for in Chapt	luties, and I am familiar with and eer 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			□ Change
			□ Remove
			Add
		□ Remove	
		Change	
			Add
			□ Remove
			□ Change

ii amenoi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
1	
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	· · · · · · · · · · · · · · · · · · ·
If an effectiv Note: If th	date, if other than the date of filing:
	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
Dated	4/12 2019
	MIMM
	Signature of a triember or authorized representative of a member
	Jessica Alvarez
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00