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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration So Division of Cor | | | 2 | |
|---|--|---|--|--|
| ESKOE, L. SUBJECT: | L.C. | | 20 45 | |
| SUBJECT: | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| | ondence concerning this matter | _ | | |
| | ALVARO CORREA | | | |
| | - | Name of Person | | |
| | | Firm/Company | | |
| | 2201 N COMMERCE PK | WY | | |
| | | Address | | |
| | WESTON, FL 33326 | | | |
| | NEWREALTY@HOTMAI | City/State and Zip Code I. COM | | |
| | | to be used for future annual report no | otification) | |
| For further information c | oncerning this matter, please c | all: | | |
| ALVARO CORREA | | 954 659-8901 | | |
| Name o | f Person | Area Code Dayti | me Telephone Number | |
| Enclosed is a check for the | he following amount: | | | |
| V. \$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) | |
| Mailing Addres | | Street Address: | ection | |
| Registration Section Division of Corporations | | - | Registration Section Division of Corporations | |
| P.O. Box 632 | | The Centre of | Tallahassee | |
| Tallahassee, | FL 32314 | 2415 N. Moni | oe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20 Mil 18 PM 3: 50 ESKOE, L.L.C. (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 $\frac{03/04/2002}{}$ and assigned Florida document number _____L02000005418 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 "LLC." 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:

| | , Florida | Zin Code |
|--------------------------------|------------------------------|----------|
| New Registered Office Address: | Enter Florida street address | |
| Name of New Registered Agent: | | |

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------------|---------------------------------------|----------------|
| MGR | ALVARO CORREA | 2201 N COMMERCE PKWY | Add |
| | | WESTON, FL 33326 | □Remove |
| | | | □ Change |
| AMBR | MARIA CORREA | 2201 N COMMERCE PKWY | = Add |
| | | WESTON, FL 33326 | □Remove |
| | | | □Change |
| RA | JOE A. CATARINEAU ESQ | 91750 OVERSEAS HWY | □Add |
| | | TAVERNIER, FL 33070 | ■Remove |
| | | | □ Change |
| | | · | □Add |
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| ffective | e date, if other than the date of filing: (optional) |
| <u> lote:</u> If | |
| Note: If locumen record s | 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. |
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Filing Fee: \$25.00