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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BOSCH ACCOUNTING & TAX SERVICES CORPORATION

Account Number : I19990000045 : (954)730-0640 Fax Number : (954)730-0292

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

ASAPACCOUNTING@LIVE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **FUTURE OPTION REALTY LLC**

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Electronic Filing Menu

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Corporate Filing Menu

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COVER LETTER

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Please re	eturn a	ll correspon	ndence concerning this matter (the following:	
			JAIRO BOSCH		
				Name of Person	
			ASAP ACCOUNTING &	TAX CORPORATION	
				Firm/Company	
			7179 PEMBROKE ROAD		
				Address	
			PEMBROKE PINES, FL 3	3023	
				City/State and Zip Code	
			ASAPACCOUNTING@LI		
			E-mail address: (t	be used for future annual report notific	cation)
For furth	h er inf	ormation co	oncerning this matter, please of	11:	
JAIRO	BOSC	CH		954 965-9491 at ()	
		Name of	Person		Telephone Number
Enclosed	d is a c	heck for th	e following amount:		
□ \$25.			\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is anclosed)
		Registr Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 issee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen	i tions

2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FUTURE OPTION REACTY LLC			
(Name of the Limited Liable (A Flore	lity Company as it now appear da Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on 10/	01/2007	and assigned
	Company were med on		
Florida document number L07000099897	 '		
This amendment is submitted to amend the following:	•		
A. If amending name, enter the new name of the lir	nited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the de	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	<u>PRESS)</u>	~	
	<u></u>		
		,	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
registered agent and/or the new registered office ad Name of New Registered Agent:	dress here:	·	
New Registered Office Address:	Enter Flor	ida street address	
_	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Register	<u>-</u>		-•
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	nt and agree to act in this of complete performance of agent as provided for in C red office address, I hereb e.	my duties, and I am j hapter 605, F.S. Or, y confirm that the lin	familiar with and if this document is nited liability
	If Changing Registered Ag		
	Page 1 of 3	FLOR	F SIAI

(((Fila60000122400001))) d 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

MGR Geronimo Usuga Carmona 400 Belmont Place, Apt # 2436	<u>Title</u>	<u>Name</u>	Address	Type of Action
Change	MGR	Geronimo Usuga Carmona	400 Belmont Place, Apt # 2436	
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Filing Fee: \$25.00