## 109000105931

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	MAIT	MAIL '
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to WYOVS FON	Filing Officer:	





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TILTU 2011 FEB 21 P 3 21 SECRETARY OF STATE

**S Warren** FEB 2 2 2017



January 26, 2017

EUGENIO RODRIGUEZ 6190 NW 23 STREET BOCA RATON, FL 33434

SUBJECT: FLORIDA LAND AND SALES.COM LLC

Ref. Number: L09000105931

We have received your document for FLORIDA LAND AND SALES.COM LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

WE DO NOT FILE OWNERSHIP OF SHARES WITH THIS AGENCY. IF YOU WANT TO CHANGE TO PEOPLE LISTED ON THE ENTITY ON SUNBIZ YOU MAY DO SO WITH THE ENCLOSED AMENDMENT FORM OR WHEN YOU FILE THE ANNUAL REPORT ONLINE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 517A00001690

## **COVER LETTER**

Division of Cor	porations		
SUBJECT: Flon	ida LANCE AN	of Sales. Con	120
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	BuntoLo	DE CAS PRO Name of Person	
	Flands Land	L AND Sales-CON	y LLC.
·	JAISANOS !	7913 NW 60 H	Sfreet
		Address	
	TAMARAC	V-1 3	332/
	1	City/State and Zip Code	
	DGUARINA	@YMAIL.COM	· 
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Eugenio Ko	oda iguez	at ( <u>561')</u>	- 2181
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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)

MAILING ADDRESS:

TO:

**Registration Section** 

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 OF

(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) sability Company)
The Articles of Organization for this Limited Liability Company	were filed on
Florida document number <u>20900810593</u> [	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	· A
Enter new principal offices address, if applicable:	PAISANOS 7913 N.W. 604 S.F.
(Principal office address MUST BE A STREET ADDRESS)	JANAARC, V-L. 33321
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	PAISANOS 7913 N.W. 6074 St.
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	OLO DE CASTRO
New Registered Office Address:	Nos 7913 N.W. 60th St
Tonan	AC , Florida 3332/
,	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree 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 company has been notified in writing of this change.  If Change is the company and the change is the change in the registered of the change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S.Or, if this document is
	5E 2

Page 1 of 3

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 = M $AMBR = A$	Ianager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
Mor	Santo Lo DE Crestro	FAISANDS 7913 NW 6019.	S/ (12 Add)
		TAMANAC, TL 33321	☐ Remove
			☐ Change
M4.	Eugenio Rodaiguez	Lica did 22 Cheek	
		6190 NW 23 Street Boga Katow, FZ 33434	Remove
			☐ Change
			Add
		•	Remove
			☐ Change
			Add
		•	□ Remove
			Change
			🗆 Add
			□ Remove
		RETARY OF STATE	Change
		OF ST	
			Change  Change  Remove
		•	☐ Change

fame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	ve date, if other than the date of filing:
fan effi <u>Note:</u>	ve date, if other than the date of filing:
e rec	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated .	
	Signature of a member or authorized representative of a member
	Typed or printed name of signed
	FLOR
	Page 3 of 3