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COVER LETTER

TO:

Registration Section Division of Corporations

eup (PCT)	CALVARY	REALTY SERVICES LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	endence concerning this matter	to the following:	
		Freddy Escorcia		
			Name of Person	
		Calvary Realty Services		
			Firm/Company	
		2114 N Flamingo Rd		
			Address	
		Pembroke Pines, FI 330	28	
			City/State and Zip Code	
		freddy@crspropertysoluti		
		E-mail address: (to be used for future annual report not	fication)
For further is	ntormation c	oncerning this matter, please ca	all:	
Freddy Esc	corcia		954 529-5904	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is	a check for t	he 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)
Re Di P.(riling Addresses sistration to the vision of CD. Box 632 llahasses.	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FI	rporations Fallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Calvary Reality Service	es LLC		<u> </u>	****
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on or Liability Company)	<u>ir records.</u>)	15 SS	j.
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on <u>09/15/20</u>)20	PHO STEAM assigned	, (
This amendment is submitted to amend the following:				,
A. If amending name, enter the new name of the limited lial	bility company here:			
The new name thust be distinguishable and contain the words "Ulmited Liab	oility Company," the designat	ion "LLC" or the ab	obreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:			<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, <u>enter the nam</u>	<u>e of the new reg</u>	ister
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida stre	eet address		
	, Florida			
·	City	, 1 101104	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>!:</u>			
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic- company has been notified in writing of this change.	e performance of my di provided for in Chapte	uties, and I am j er 605, F.S. Or,	familiar with and if this document	d = -1
If Ch:	anging Registered Agent, Si	gnature of New Re	gistered 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>	<u>Address</u>	Type of Action
MGR	Juan Nicasio	2114 N Flamingo Rd	□Add
		Pembroke pines FI 33028	(Fremove
			Change
			□ Add
			□Remove
			□Add
			□Change
			□Add
			Change
		<u></u>	🗆 Add
			Remove
			Change
			□Remove

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		<u></u>	
Effective date, if other than the date if an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	specific and cannot be prior to date of does not meet the applicable state	filing or more than 90 days after filing utory filing requirements, this da	ng.) Pursuant to 605.0207 (
e record specifies a delayed effective da rd is filed.	te, but not an effective time, at 12	2:01 a.m. on the earlier of: (b)	The 90th day after the
Dated September 15	2020		
Jated			
Dated	Freddy Escord	ia A	

Filing Fee: \$25.00