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COVER LETTER

TO: Registration Division of C		*	,		
SUBJECT:	Munoz R	ealty Group LLC			
	· · · · · · · · · · · · · · · · · · ·	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	spondence concerning this matter	to the following:			
		Eduardo A Munoz			
		Name of Person			
Munoz Realty Group LLC/DBA Ceviche House					
Firm/Company					
	1221	13 S. Orange Blossom trl			
		Address			
		Orlando FI 32837			
		City/State and Zip Code			
	muno	zrealtygroup@yahoo.com			
		to be used for future annual report notifica	ation)		
For further information	n concerning this matter, please of	call:			
Ed	luardo A Munoz	at (_407_)4	66 2599		
Nam	e of Person	Area Code & Daytime	Celephone Number		
Enclosed is a check fo	r the 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:

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

N	lunoz Realty Group LLC				
(<u>Name of the Limited</u> (A	Liability Company as it now appea Florida Limited Liability Company)	ars on our records.)			
The Articles of Organization for this Limited L Florida document number L 1000003		4/12/2010	and assigned		
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liability company he	e <u>re</u> :			
	N/A				
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Comp	pany," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applic	able: N/A				
(Principal office address MUST BE A STREE	TADDRESS)				
Enter new mailing address, if applicable:	N/A				
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>				
B. If amending the registered agent and/registered agent and/or the new registered of		our records, <u>enter t</u>	he name of the new		
Name of New Registered Agent:	Eduardo A munoz	· ••••••			
New Registered Office Address:	12213 S. Orange Blossom	ı Trl			
	Enter Florida street address				
	Orlando	, Florida	32837		
	City		Zip Code		

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	rosa J Guadalupe	12213 S Orange Blossom tri Orlando`Fl 32837	Add ✓ Remove
MGR	Leila Munoz	12213 S Orange Biossom Trl Orlando Fl 32837	Add ∕ Remove
MGRM	Eduardo A Munoz	12213 S Orange Biossom Tri Orlando Fl 32837	[/] Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
			_ _
<u>·</u>			- -
Dated	11/20/2010 ,	r authorized representative of a member	
		a J Guadalupe	
_		printed name of signee	

Page 2 of 2

Filing Fee: \$25.00