## L11000053588

(Re	equestor's Name)	
(Ad	Idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
•	•	•
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Registration Division of C			•		
SUBJECT:		TY AND ASSOCIATES	, LLC		
The enclosed Articles	of Amendment and fee(s) are so	ubmitted for filing.			
Please return all corres	pondence concerning this matte	er to the following:			
	HA	YDEE CEBALLOS, CPA Name of Person	· · · · · · · · · · · · · · · · · · ·		
	SUAREZ CE	EBALLOS ORTIZ & VEGA, (	OPA'S		
		Firm/Company			
		354 SEVILLA AVE Address			
	CORAL GABLES, FL 33134  City/State and Zip Code				
		DEE@SCOVCPAS.COM (to be used for future annual report notific	cation)		
For further information	concerning this matter, please	call:			
	E CEBALLOS, CPA of Person	at ( 305 ) Area Code & Daytime	148-5255 Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status		S60.00 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

PREFERRED REALTY AND ASSOCIATES, LLC



Zip Code

(A Florida Limited L	iability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company  Florida document numberL11000053588	were filed on	05/05/2011	_ and assigned
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 end with the words "Limit "L.L.C."	ed Liability Company	," the designation "LLC	or the abbreviation
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)		<u>,</u>	
			<del> </del>
B. If amending the registered agent and/or registered office address here	ce address on our	records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	Florida street address	}
		Flowida	

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.

City

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 = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	LOURDES MESTRE	14420 SW 156 AVE MIAMI, FL 33196	☐ Add ☑ Remove
MGRM	RICHARD MESTRE	14420 SW 156 AVE MIAMI, FL 33196	Add Remove
			Add Remove
			Add Remove
·			Add Remove 
•			Add Remove
D. If amendi		e(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE DIVISION OF CORPURATIONS 11 MAY 16 PM 12: 35
Dated	MAY H 20°	<u>11</u> .	1.63
3	Signature of a member of	or authorized representative of a member	
_		MENDOZA ALEMAN	
	Typed o	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00