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SECRETARY OF STATE DIVISION OF CORPORATION



## **COVER LETTER**

TO:	Registration S Division of Co	ection rporations				
SUBJI	ECT:	5761 RE	AL ESTATE LLC			
		Name of Lim	ited Liability Company			
The en	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please	return all corresp	ondence concerning this matter	r to the following:			
	ROBERTO MELON					
Name of Person			Name of Person			
5761 REAL ESTATE LLC						
	Firm/Company					
	204 37TH AVENUE N 357					
	Address					
	ST PETERSBURG 33704					
	City/State and Zip Code					
5761realestate@gmail.com  E-mail address: (to be used for future annual report notification)						
For fur	ther information	concerning this matter, please of	•	meation		
FULVIA ARIENTI			at ( 727 )	4179594		
		of Person		ime Telephone Number		
Enclose	ed 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 enclos	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive of Tallahassee, FL	orations Center Circle		

FIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	5761 REAL E	STATE LLC	)		
( <u>Name of the Limite</u>	d Liability Compa A Florida Limited I	ny as it now appe Liability Company	ars on our records.)		
The Articles of Organization for this Limited Florida document number L1100006		were filed on	JUNE 07, 2011	and assigned	
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited liab	ility company h	ere:		
	n/a	1			
The new name must be distinguishable and end w "L.L.C."	rith the words "Lim	ited Liability Com	pany," the designation "LI	.C" or the abbreviation	
Enter new principal offices address, if appli	204 37TH A	VENUE N. 357			
(Principal office address MUST BE A STRE	ST PETERSBURG FL 33704 US				
Enter new mailing address, if applicable:		204 37TH AVENUE N. 357			
(Mailing address MAY BE A POST OFFICE BOX)		ST PETERSBURG FL 33704 US			
B. If amending the registered agent and registered agent and/or the new registered of			our records, enter th	e name of the new	
Name of New Registered Agent:	n/a				
New Registered Office Address:	n/a				
<del></del>	-	E	Inter Florida street addre	ess	
			, Florida		
		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 **ROBERTO MELON** 204 37TH AVENUE N. 434 ☐ Add ST. PETERSBURG FL 33704 US ∇ Remove CARLA MELON MGRM 204 37TH AVENUE N. 434 ☐ Add √ Remove ST. PETERSBURG FL 33704-US MGRM **ROBERTO MELON** 204 37TH AVENUE N. 357 ✓ Add ST PETERSBURG FL 33704 US ☐ Remove **CARLA MELON** MGRM 204 37TH AVENUE N. 357 **√** Add ST. PETERSBURG FL 33704 US Remove ∐Add Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member

ROBERTO MELON

Typed or printed name of signee

Page 2 of 2

JULY 12

Dated

Filing Fee: \$25.00