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COVER LETTER

TO: **Registration Section Division of Corporations**

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VERA REALTY, LLC

SUBJECT: _

:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NIKOLAY POLYUSHKIN

Name of Person

VERA REALTY, LLC

Firm/Company

2999 NE 191 ST, SUITE 907

Address

AVENTURA, FL 33180

City/State and Zip Code

nick@verarealty.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

2021 EAY IT A II: 24 NIKOLAY POLYUSHKIN 352 222-2526 at (____ Daytime Telephone Number Name of Person

Enclosed is a check for 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) \bigcirc

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Mailing Address: Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: **Registration Section Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VERA REALTY, I	LLC
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(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/07/2012	and assigned
Florida document number 1.12000061281	

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:	······································	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		<u>(`\</u>
		2021
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		~ ~
		 ۲ ا
		>
B. If amending the registered agent and/or registered off	ice address on our records, ente	r the name of the new registered
agent and/or the new registered office address here:		2 F
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	255 255
	, F	Iorida
	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 605, 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person-being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
M	CARLOS F. BARANDIARAN	2999 NE 191 ST. STE 907	🖬 Add
		AVENTURA, FL 33180	🗆 Remove
			□ Change
			🗋 Add
			🗆 Remove
			□Change
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			□Change
			🗆 Add
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			🗆 Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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11. 24

E. Effective date, if other than the date of filing: ______(optional) (ff an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is tiled.

MAY 4TH	2021	
Dated		
	trite	
	Arth	
	Signature of a member or authorized representative of a member	
NIKOLAY POLYUS	IKIN	
	I youd or printed name of signed	······································

Typed or printed name of signee