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SECRETARY OF STATE

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# **COVER LETTER**

Division of Corporations
SUBJECT: ARFE REALTY, LLC
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:
Bernardo L. Gonzalez
ARFE REALTY, LLC
Firm/Company
1500 Weston Road, Svite 200
Address
Wester, Herida 33326  City/State and Zip Code  berklygo 69@ gmail. com
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bernardo L. Gonzalez at 954, 655 3169
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$55.00 Filing Fee & □\$56.00 Filing Fee, Certificate of Status (additional copy is enclosed)  □ \$25.00 Filing Fee & □\$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

ARFE REAL	LTY, LLC	
(Name of the Limited Liab (A Flor	oility Company as it now appears oida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L 130000 23</u>	ty Company were filed on 02	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company	"," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicables	• •	
(Principal office address MUST BE A STREET AL	DDRESS)	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		r records, enter the name of the new
Name of New Registered Agent:		and the state of t
New Registered Office Address:		TI I I
	Enter	r Florida street address
	City	, Florida 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
MGR	Fernandez, Jacqueline	10950 NW 62 MD terrace	Add
		Doral, Florida 33178	Remove
Meey	Monasterios, Eduardo	10950 NW 621 terrace Doral, Florida 33178	Add  Remove
MGRM	MONASTERIO, Eduardo	10950 NW 62nd terrale Doral, Florida 33178	Add Remove
MHRM	MONASTERIOS, Federica	10950 NW 62nd terrace Doral, Florida 33178	Add Remove
Mthen	Monasterio, Federika	10950 Nw 62nd terrau Doral, Florida 33178	
		TALLAHASSEE	SECHETARY OF STATE

. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
æd	DORAL, FL 07/23 2,013
_	Dhmtili C
	Signature of a member or authorized representative of a member
	BERNARDO L. GONTALET
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00