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2014 FEB 25 PM 2: 13
SECRETARY OF STATE

K.SALY EXAMINER FEB 26 2014

COVER LETTER

TO: Registration Se Division of Con		·	
SUBJECT: Love	ra Realty, LLC		
SUBJECT:		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Alberto L Cr	uZ	
		Name of Person	
	Lovera Real	ty, LLC	
		Firm/Company	
	810 E Colon	ial Dr	
		Address	
	Orlando, FL	32803	•
		City/State and Zip Code	
	Cruz@loverafl.co	om to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	-	·
Alberto L C		407\970-13	351
	of Person	at ()	Telephone Number
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)
MAII	LING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2014 FEB 25 PM 2: 13
SECRETARY OF STATE
ALLAHASSEE. FLORIE

Lovera Realty, LLC

(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 Compar	ny were filed on 06/03/2013	and assigned
Florida document number L13000079565		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and end with the words "Limited Li	THE CONTRACTOR OF THE	Parabarahaninian M. I. C."
The new name must be distinguishable and end with the words "Limited Li	lability Company, the designation "LLC"	or the appreviation "L.L.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter you weiling address if applicable	810 E Colonial Dr	
Enter new mailing address, if applicable:	Orlando, FL 32803	
(Mailing address MAY BE A POST OFFICE BOX)	Change, 1 E 02000	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have a Name of New Registered Agent:		enter the name of the new
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
·	, Flo	rida
	City	r ida Zip Code
New Registered Agent's Signature, if changing Registered Agen	nt:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	ete performance of my duties, and as provided for in Chapter 605, F	d I am familiar with and S.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Type of Action** Title Name **Address** 810 E Colonial Dr Alberto L Cruz **AMBR ■** Add Orlando, FL 32803 ☐ Remove 1350 W Colonial Dr William Jusme MGR □ Add Orlando, FL 32804 Remove _ Add _□ Add □ Remove □ Add

.]	f a'mending any other information	n, enter change(s) here: (Attach additional sheets, if necessary.)
] (Effective date, if other than the da The effective date must be specific, cannot be the date this document is filed by the Florid	te of filing: (optional) be prior to date of receipt or filed date and cannot be more than 90 days after da Department of State)
	Dated February 21st	2014
	Sig	gnature of a member or authorized representative of a member

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Filing Fee: \$25.00