# 113000110897

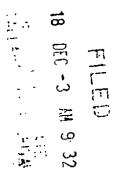
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





400306304914

12/14/17--01016--012 \*\*25.00



LEGGETT



December 15, 2017

LETICIA PEREZ 10223 ORCHID RESERVE DR WEST PALM BCH, FL 33412

SUBJECT: L.A. REALTY GROUP, LLC

Ref. Number: L13000110897

We have received your document for L.A. REALTY GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 017A00025387

RECEIVED
JAN - 2 2016

#### **COVER LETTER**

	ty Group, LLC				
	Name of Lim	ited Liability Company			
ne enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
ease return all correspo	ondence concerning this matter	to the following:			
	Leticia A Perez				
		Name of Person			
	L. A. Realty Group, LLC				
	Firm/Company				
	10223 Orchid Reserve Dri	ve			
	Address				
	West Palm Beach, FL 334	12			
		City/State and Zip Code			
	Letty@LARealtyGroupFL.				
	E-mail address: (	to be used for future annual report noti	fication)		
or further information of	concerning this matter, please co	all:			
etty Perez		305 342-7421 at ()			
Name (	of Person	Area Code Daytim	e Telephone Number		
nclosed 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 enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

Registration Section
• Division of Corporations '

0:

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

ARTICLES OF ORGANIZATION
OF

L. A. Realty Group, LLC

(Name of the Limited Liability (A Florida	y Company as it Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Co.  Plorida document number L13000110897	ompany were f 	iled on 8/06/2013 and assigned
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	ted liability co	mpany here:
The new name must be distinguishable and contain the words "Limi	ited Liability Com	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1022	3 Orchid Reserve Drive
Principal office address MUST BE A STREET ADDR	ESS) Wes	t Palm Beach, FL 33412
		<u> </u>
		DC 73
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		\$20 <b>3</b> 2
<ol><li>If amending the registered agent and/or regist egistered agent and/or the new registered office addr</li></ol>		ddress on our records, enter the name of the new
Name of New Registered Agent: Leticia	A Perez	
New Registered Office Address: 10223	Orchid Reserve	Drive
		Enter Florida street address
West P	Palm Beach	Florida 33412
	Си	
lew Registered Agent's Signature, if changing Registered	l Agent:	
hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete perfor gent as provide d office addre.	ed for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

f amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being addedor removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u> [itle</u>	<u>Name</u>	<u>Address</u>	<b>Type of Action</b>
MGR	Leticia A Perez	10223 Orchid Reserve Drive	□ Add
		West Palm Beach, FL 33412	Remove
			Change
		<del></del>	
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
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7/1/2017		
I an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days at		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	his date will not be liste	ed as the
inclined of the date of the population of blade of teedings.		
ne record specifies a delayed effective date, but not an effective time, at 12:01	1 a.m. on the earlie	er of:
The 90th day after the record is filed.		
the sour day are the record is and		
Dated 12,11.		

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00

Department of Health - Office of Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
TYPE IN UPPER CASE

USE BLACK INK
This license not valid unless seaf of Clerk,
Circuit or County Court, appears thereon

(STATE FILE NUMBER)

## 

CFN 20170244211

OR BK 29205 FG 0085 RECORDED 07/07/2017 15:32:39 Palm Beach Counts, Florida Sharon R. Bock, CLERK & COMPTROLLER Ps 0085; (1ps)

#### 50-2017-ML-005621-XXXX-MB

(APPLICATION NUMBER)

<u> </u>	APPLICATION TO	MARRY		
NAME OF SPOUSE (First, Middle, Last)     NELSON CHARLES PEREZ		16 MAIDEN SURNAME (If applicable)	2. DATE OF BIRTH (Month, Day, Year) MAY 25, 1970	
38 RESIDENCE - CITY, TOWN, OR LOCATION WEST PALM BEACH	35. COUNTY PALM BEACH	3c STATE FL	4 BIRTHPLACE (State or Foreign Country NEW YORK	
5 NAME OF SPOUSE (First, Middle, Last) LETICIA ALVAREZ		5b MAIDEN SURNAME (If applicable)	6 DATE OF BIRTH (Month, Day, Year) MARCH 1, 1973	
7a. RESIDENCE - CITY, TOWN, OR LOCATION 7b. COUNTY WEST PALM BEACH PALM BEACH		7c STATE FL	8 BIRTHPLACE (State or Foreign Country FLORIDA	
ON THIS RECORD IS CO	RRECT TO THE BEST OF OUR KNOWL	HIMSELF OR HERSELF, STATE THAT THE EDGE AND BELIEF, THAT NO LEGAL OBJE E IS KNOWN TO US AND HEREBY APPLY F	CTION TO THE MARRIAGE	
9 9 SIGNATURE OF SPOUSE (Son full no	sme using black ink)	JUNE 26, 2017	10 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)	
1. TITLE OF OFFICIAL Deputy Clock	\	Make On	12. SIGNATURE OF OFFICIAL (Use black ink)	
13 SIGNATURE OF SPOUSE Sign full of	me using black ink)	14 SUBSCRIBED AND SWORN JUNE 26, 2017	, ,	
Deputy Sterk	0	16. SUBJUSTICAL OF OFFICIAL (	Se black ink)	
	LICENSE TO MARRY			
A MARRIAGECEREMONY WITHIN T	AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGECEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST LUSED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID			
Palm Beach County	18 DATE LICENSE ISSUED JUNE 26, 2017	18a DATE LICENSE EFFECTIV JUNE 29, 2017	E 19 EXPIRATION DATE AUGUST 28, 2017	
2008 SIGNATURE DE COURT CLERK O	//	206 TITLE Clerk of Court	20c 8Y 0C	
I HEREBY CERTIFY THAT THE ABOVE	CERTIFICATE OF MARRIAGE  I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA			
21 DATE OF MARRIAGE (Month, Day,	Your) 22 CITY, TOWN, OR LOCA	TION OF MARRIAGE		
BICHAROLA JACKSON	RMING CEREMONY (Use black ink)	6814 WE Regulation	Backston Fl 3383	
Commission FF 072 91	REFORMING CEREMONY  AUCSON	24 SIGNATURE OF WITHERS TO	<i>&gt;</i>	
		25 SIGNATURE OF WITHESS TO	CEREMONY (Use black ink)	
INFORMATION BELOV	W FOR USE BY VITAL STATIS	TICS ONLY - NOT TO BE RECO	RDED	

