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## **COVER LETTER**

TO: Registration So Division of Co				
SUBJECT:		ealty LLC nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	Ric	Name of Person	····	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	<del></del>	
	8540			SECRE SECRE
	Mi	ami FL 3314 City/State and Zip Code	13	M 27 M II: 53
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	E-mail address: (	to be used for future annual report no	tification)	語前の
For further information c	oncerning this matter, please c	•	,	X*
_ Ricar	Lo Cruz	at (305) 547 Area Code Daytin	2 - 8724	
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			•
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filin Certificate	ng Fee, of Status &

### MAILING ADDRESS:

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

#### STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

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

(additional copy is enclosed)

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cru	= Real to LLC
(Name of the Limite	Liability Company as it flow appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia Florida document number <u>L 13000 144</u>	
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of Me++	a Realty LLC
•	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	
( <u>Principal office address MUST BE A STREET</u>	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	OX)
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, enter the name of the new ce address here:
Name of New Registered Agent:	
New Registered Office Address:	
·	Enter Florida street address
	, 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 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
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	•	Signature	e of a member o	n authorized repr	esentative of a m	nember	61	<del>5</del> 53

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Filing Fee: \$25.00