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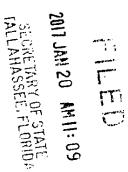
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K. SALY JAN 24 2017

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: TVana Cruz Vergara Realtor 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:
Ivana Cruz Vergara Name of Person
Ivana Cruz Vergara LLC
2808 Cypress Bowl Rd.
Lutz Fl 33558  City/State and Zip Code  I Vana. realtor @ gmail. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TVAMA Cruz Vergara at (813) 767-1715  Name of Person at (813) Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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 ARTICLES OF ORGANIZATION

	Or	74/4 20
IVana Crn (Name of the Limited	LE Vergara Realtor d Liability Company as it now appears on our reco A Florida Limited Liability Company)	LLELAHASSEE. FLORIDA
The Articles of Organization for this Limited Lia Florida document number LIHOOOO 2	bility Company were filed on 02 13	and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of TVANA CYUZ  The new name must be distinguishable and contain the work.	Vergara LLC	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical (Principal office address MUST BE A STREET)	-	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi		rds, enter the name of the new
Name of New Registered Agent:	- Marie - 1	
New Registered Office Address:	Enter Florida street addi	ress
	, ]	Florida Zip Code
	~ <i>y</i>	zip civic

#### 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 FILED 2017 JAN 20 AM II: 09 or removed from our records: MGR = Manager AMBR = Authorized Member **Type of Action** Address **Title** <u>Name</u> \_□ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change \_ Add ☐ Remove ☐ Change ☐ Add □ Remove \_□ Change \_□ Add \_□ Remove ☐ Change

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an effective date is listed, the date m	ıst be specific ar	nd cannot be prior to	date of filing or more t	han 90 days after fi	ling.) Pursuant to 605.020'
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	Signature of a	member Wauthoria	ed representative of a	member	
		1 -			
1	VANA	CR117	VERGAR name of signee	Δ	

Page 3 of 3

Filing Fee: \$25.00