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(Requestor's Name) (Address) (Address)	100344250241
(City/State/Zip/Phone #)	05/18/2001023012 **25.00
(Document Number) Certified Copies Certificates of Status	20 HAY
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COVER LETTER

TO: Registration Section Division of Corporations

NEW REALTY INVESTMENTS, L.L.C.

SUBJECT:

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:

ALVARO CORREA

Name of Person

Firm/Company

2201 N COMMERCE PKWY

Address

WESTON, FL 33326

City/State and Zip Code

NEWREALTY@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALVARO CORREA

Name of Person

954 659-8901 at (_____) Area Code Daytime 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION** OF



(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

North Contraction of the second secon The Articles of Organization for this Limited Liability Company were filed on 02/27/2014 and assigned Florida document number L14000034234

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
	I	Florida

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

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
MGR	ALVARO CORREA	2201 N COMMERCE PKWY	
		WESTON. FL 33326	
			Change
AMBR	MARIA CORREA	2201 N COMMERCE PKWY	≘ Add
		WESTON. FL 33326	□Remove
			□Change
RA	JÕE A. CATARINEAU., ESQ	91750 OVERSEAS HWY	🗆 Add
		TAVERNIER, FL 33070	R emove
			□Change
			□Add
			□Change
			🖸 Add
			🗆 Remove
			□Change
			🖸 Add
			□Change

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	<u>n.a.</u>	
tive date, if other than the da	te of filing:	(optional) iling or more than 90 days after filing.) Pursuant to 6

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

 <u></u>
Signature of a member or authorized representative of a member

Filing Fee: \$25.00