## L14000111155

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<del></del>
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	





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## **COVER LETTER**

	stration Section sion of Corpora		•		
CUDIECT.		Ordonez	Realty LLC		
SUBJECT:		Name of Lim	ited Liability Company	1.00	
The enclosed	Articles of Ame	endment and fee(s) are sub	mitted for filing.		
Please return	all corresponder	nce concerning this matter	to the following:		
		Migu	iel Angel Ordone	ez	
	_		Name of Person		
		Ordo	onez Realty LLC		
	<del>-</del>		Firm/Company		
		340	)2 SE 11th PL		
	-		Address		2814
		Сар	e Coral, FL 3390	)4	2814 AUG - 1 50 38 TA 93 50 38 TA 93
	_		City/State and Zip Code  ONEZTEAM@GMAIL.C		
			to be used for future annual report notif	ication)	
		rning this matter, please c		-2970	Ş <sup>#</sup> 6
- Imgao	Name of Per		at ()	e Telephone Number	
Enclosed is a	check for the fo	llowing amount:			
■ \$25.00 Fi	ling Fee C	3 S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
	MAILING	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

	EZ REALTY LLC			
( <u>Name of the Limited Liabii</u> (A Florid	ity Company as it now appears on our a Limited Liability Company)	records.)		
The Articles of Organization for this Limited Liability C Florida document numberL14000117155	Company were filed on07/25	/2014a	nd assign	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company here:			
The new name must be distinguishable and end with the words "Li	imited Liability Company," the designati	ion "LLC" or the abbrevi	ation "L.L.G	D."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)	<u> </u>	<u> </u>	
		;=;	· •	
		ii f	AUG	* ***
Enter new mailing address, if applicable:		ών: 93.2	<u> </u>	i Par
(Mailing address MAY BE A POST OFFICE BOX)				
			; ==	9
			!	
B. If amending the registered agent and/or registered agent and/or the new registered office add		ecords, enter the r	name of	the nev
- Carlot				
Name of New Registered Agent:				
New Registered Office Address:	<u></u>			
	Enter Florida stree	t address		
	Cin	, Florida	Code	
	City	ZIP	coae	

## 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Miguel Angel Ordonez	3402 SE 11th PL, Cape Coral,FL	Add
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			□ Remove
<del></del>			28 At UG
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	f filing: (optional) or to date of receipt or filed date and cannot be more than 90 days after partment of State)
e date this document is filed by the Florida De	
e date this document is filed by the Florida De	partment of State)
te date this document is filed by the Florida Department    July 29	partment of State)

Page 3 of 3

Filing Fee: \$25.00