# 115000152484

(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:

Office Use Only



000321538840

12/10/18--01008--026 \*\*25.00

18 DEC 13 FN 2:53

O SIMMONS DEC 1 3 2018

## **COVER LETTER**

	Registration Sect Division of Corpo		•	
SUBJECT	г:	esmplis Bea	1 ESTATE LCC	
The enclos	sed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please rett	irn all correspond	lence concerning this matter	to the following:	
		Alicia	Alc Name of Person	
		<u> cosmopolis</u>	Real Estate 210 Firm-Company	
		26023	South Dixie High	wis
		Homestead	City/State and Zip Code	
		E-mail address: (	Amino lera. Son to be used for future annual report noti	fication)
For further	r information con	cerning this matter, please ca	all:	
	Alica F Name of F	4/c Person	at ( <u>480</u> ) <u>601-</u> Area Code Daytime	2 134 e Telephone Number
Enclosed i	s 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)

### 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 TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Lin	STATE, LLC ompany as it now appears on our records, nited Liability Company)	)
The Articles of Organization for this Limited Liability Com	pany were filed on <u>9\3\20</u>	15 and assigned
Florida document number <u>L15000 152484</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	 (0
Nlf	<b>a</b>	<u></u>
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA	ω :
(Principal office address MUST BE A STREET ADDRES	<u> </u>	[ ]
		12
		- Ü
Enter new mailing address, if applicable:	AIA.	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		enter the name of the ne
Name of New Registered Agent:	νiA.	
New Registered Office Address:		
···	Enter Florida street address	
	. Flor	rida
	Cuy	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
we'u-	Delgado, Marsila D	26023 South bixe Highway	🗆 Add
		Homestand, FL 33032	<del>À</del> rRemove
			Change
			🗖 Add
			🗆 Remove
			Change
		·· · · ·	
			Remove
			□ Remove
			🗆 Change
	<del></del>		<b>D</b> Add
			□ Remove
			🗆 Change
			□ Add
			Remove
			☐ Change

		N/A·	<del></del>		
-					
		<del></del>		<del></del>	
				<u></u>	
				<del></del>	
					<u>្</u> រូប
<del></del>				·	5.0
					<u> </u>
					. ဟ ယ ယ
			<del>-</del>		
			_		
	-				
66	ما باد باد باد	c en.			
lote: If the date r	other than the date listed, the date must be s nserted in this block d we date on the Depart	loes not meet the a	pplicable statuto	ng or more than 90 day ry filing requirement	optional) s after filing.) Pursuant to 605.6 s, this date will not be listed
e record speci The 90th day	fies a delayed eff after the record	ective date, bu is filed.	t not an effec	tive time, at 12:	01 a.m. on the earlie
,	ماذ				
ated become	her 4 <sup>th</sup>		<u> </u>	/	
			Ille	4	
-	Signi	ature of a member of	authorized représe	mative of a member	<del> </del>
			11X/-	1//	

Page 3 of 3

Filing Fee: \$25.00