

L16000050350

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

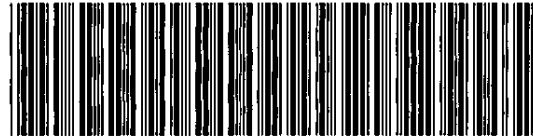
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2016 SEP 28 AM 8:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

SEP 30 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Mega Casas U.S. Realty, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Silvia De Leon  
Name of Person

Mega Casas U.S. Realty, LLC  
Firm/Company

2167 Windcrest Lake Cr.  
Address

Orlando FL 32824  
City/State and Zip Code

SilviadeLeon@msn.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Silvia De Leon at ( 407 ) 427-4777  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

Mega Casas U.S. Realty, LLC

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

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2016 SEP 28 AM 8:42  
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The Articles of Organization for this Limited Liability Company were filed on FL and assigned  
Florida document number L16000050350

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 "L.L.C."

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 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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Stella Sanchez	10538 63 Dr. Apt 25	<input type="checkbox"/> Add
		Forrest Hills	<input checked="" type="checkbox"/> Remove
		Ny. 11375	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FILED  
 JUN 28 11 08 AM '02  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2016 SEP 28 AM 8:11  
STATE  
SECRETARY OF  
TALLAHASSEE FLORIDA

2016 SEP 28 AM 8:42  
ST. JAMES FLORIDA  
ST. JAMES FLORIDA  
TALLAHASSEE

7-1-70

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

Dated 9/26, 2016

Shirley De Leon  
Signature of a member or authorized representative of a member

Silvia De Leon  
Typed or printed name of signee