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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	- -
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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04/25/22--01018--017 **25.00

22 APR 25 AM 10: 54

T. MATTHEWS

JUN 1 3 2022

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	REA	ALTY ONE LLC	
	Name of Li	mited Liability Company	
	f Amendment and fee(s) are su	_	
Please return all corresp	ondence concerning this matte	r to the following:	
		RICARDO CABEZA	
		Name of Person	
		REALTY ONE LLC	
		Firm/Company	
	1555 BON	SAVENTURE BLVD SUITE 102	8
	-	Address	
		WESTON, FL 33326	
		City/State and Zip Code	
		A@RAMONORTEGACPA.COM	
7		(to be used for future annual report no	tification)
For further information of	concerning this matter, please of	eall:	
RAMON ORTEGA		954 465-9315 at ()	
Name o	f Person		me Telephone Number
Enclosed is a check for the	ne 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 S Division of Co P.O. Box 632	ection orporations	Street Address: Registration Se Division of Co	rporations
Tallahassee, F	•	The Centre of 1 2415 N. Monro	l allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

22 APR 25 AM 10: 54

ALTY ONE LLC		
ity Company as it now appears a Limited Liability Company)	on our records.)	
Company were filed on	03/22/2016	and assigned
ited liability company here	<u>:</u> :	
ited Liability Company," the desi	ignation "LLC" or the ab	breviation "L.L.C."
RESS)		
		
1-60		
onice address on our reco	ords, <u>enter the nam</u>	e of the new registere
		
		
Enter Florida		
City	, Florida	Zip Code
	ited Liability Company here ited Liability Company here ited Liability Company here ited Liability Company," the desi RESS) Enter Florida	ited liability Company on our records.) a Limited Liability Company) Company were filed on

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>	Name	Address	Type of Action
MGR	RAMON ORTEGA	1555 BONAVENTURE BLVD SUITE 1028	□Add
		WESTON, FL 33326	≅ Remove
			□ Change
MGR	RICARDO CABEZA	1555 BONAVENTURE BLVD SUITE 1028	= Add
		WESTON, FL 33326	□Remove
			[] Change
MGR	GEORGINA FLORES DE CABEZ	1555 BONAVENTURE BLVD SUITE 1028	= Add
		WESTON, FL 33326	□Remove
			□Change
			🗆 Add
			□Remove
			Change
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			□ Remove
			□ Change

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ffective an effect lote: If ocumen	e date, if other than the date of filing:
record s	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
l is filed	
	PRIL 21 2022
A I	Signature of a member of authorized representative of a member

Filing Fee: \$25.00