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COVER LETTER

TO:	Registration Secti Division of Corpo					
CUBI		URDANETA MA	RTINEZ REALTY LLC			
Name of Limited Liability Company						
The en	nclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.			
Please	return all correspond	ence concerning this matter t	to the following:			
		EDUARD	OO URDANETA MARTINEZ	Z		
		Edvan	Name of Person OFA	retz		
			9320 SW 171 ST CT			
			Address DORAL, FL, 33196			
	City/State and Zip Code					
	eddourdaneta@gmail.com					
		E-mail address: (t	o be used for future annual repor	t notification)		
For fu	rther information cond	cerning this matter, please ca	at (\$74) 37	be AIII aytime Telephone Number		
Enclos	sed is a check for the t	`	7.11.02 00.00			
= \$2	5.00 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 ARTICLES OF ORGANIZATION **OF**

2016 DEC 28 PM

		12/501	PH 1.		
	JRDANETA MARTINEZ REALTY LL	c	YASEY OF S		
(Name of the Lim	ited Liability Company as it now appears of (A Florida Limited Liability Company)	on our records.)	TETARY OF STATE VASSEE, FLORIDA		
The Assistance Organization for this Limited	iability Common ways filed an	05/06/2016			
The Articles of Organization for this Limited 1			and assigned		
Florida document numberL160000898					
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liability company here	:			
Ti di					
The new name must be distinguishable and contain the	words "Limited Liability Company," the design	gnation "LLC" or the ab	breviation "L.L.C."		
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable:					
J					
Mailing address MAY BE A POST OFFICE	<u></u>				
		_			
B. If amending the registered agent and registered agent and/or the new registered of		ur records, <u>enter</u>	the name of the nev		
egistered agent and/or the new registered (office address here.				
	HUMBERTO ACUNA				
Name of New Registered Agent:	HOMBERTO ACONA				
New Registered Office Address:	2813 EXECUTIVE PARK DRIVE,	SUITE 142			
	Enter Florida street address				
	WESTON	, Florida	33331		
	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

or removed from our records: . FILED 2016 DEC 28 PM 1: 57 'MGR = Manager **AMBR** = Authorized Member **Type of Action** `<u>Title</u> **Address** <u>Name</u> □ Add □ Remove ☐ Change _ Add □ Remove _□ Change _□ Add ☐ Remove ☐ Change _ 🗆 Add _□ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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in effective	ate, if other than the date of the date is listed, the date must be specific	and canno	ot be prior to	date of fili	ng or more th	an 90 days	after filing.) Pursuant	to 605.0207 (3)(b
	date inserted in this block does effective date on the Department							will not b	e listed as the
	orrective date on the isopartment	or State 3	records.						
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Page 3 of 3

Filing Fee: \$25.00