L16000089875

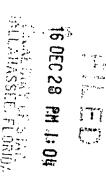
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
. (Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600293668996

12/28/16--01028--008 **100.00



DEC 29 2016 Y SULKER

COVER LETTER

ì

CUDIECT.	SAN A	NTONIO REALTY LLC	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	EDUARDO URDANETA MARTINEZ Name of Person Eduardo Ordaneta Firm/Company 9320 SW 171 ST CT Address DORAL, FL, 33196 City/State and Zip Code eddourdaneta@gmail.com E-mail address: (to be used for future annual report notification) on concerning this matter, please call: Area Code at (574, 386 91 11) Daytime Telephone Number		
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: EDUARDO URDANETA MARTINEZ Name of Person Company 9320 SW 171 ST CT Address DORAL, FL, 33196 City/State and Zip Code eddourdaneta@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: (arc) Name of Person at (574) Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status (certificate of Status) Certificate of Status Certificate Copy (additional copy is enclosed)			
		Firm/Company	
		9320 SW 171 ST CT	
		Address	
		DORAL, FL, 33196	
		City/State and Zip Code	
		= =	
	E-mail address: (t	o be used for future annual report notification	ation)
For further information con-	cerning this matter, please ca	ill:	
Carol Domin	guez.	at (574) 386 91 1	14
Name of P	erson	Area Code Daytime T	Celephone Number
Enclosed is a check for the	following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

TO:

Registration Section Division of Corporations

> 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

	SAN ANTONIO REALTY LLC		
(<u>Name of the Lim</u>	ited Liability Company as it now appears o (A Florida Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited I Florida document number		05/06/2016	and assigned
This amendment is submitted to amend the fol			
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 design	gnation "LLC" or the al	obreviation "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 annlicable:			
•	r new mailing address, if applicable:		3 3
(Mailing address MAY BE A POST OFFICE			SS 28
B. If amending the registered agent and registered agent and/or the new registered of	L/or registered office address on o office address here:	ur records, <u>enter</u>	the name of the
Name of New Registered Agent:	HUMBERTO ACUNA	···	
New Registered Office Address:	2813 EXECUTIVE PARK DRIVE,		
	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

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** _□ Add _□ Remove _□ Change _□ Add _□ Remove □ Change □ Add ☐ Remove _□ Change _□ Add _□ Remove _□ Change □ Add ☐ Remove

_□ Change

•	,			_
** .				
	, ————————————————————————————————————		The state of the s	
				-
		*		
				_
				_
			္က်ား လ	_ [.
				_ ;
			55 =	_ ^Ę
			RIU,	_
				_
ective dat	e, if other than the date of filing:	DEC 22/2016	(optional)	05.034
te: If the d	late inserted in this block does not meet the ap fective date on the Department of State's reco	plicable statutory filing requirer	nents, this date will not be li	sted a
	pecifies a delayed effective date, but day after the record is filed.	not an effective time, at	12:01 a.m. on the ear	lier (
ed	DECEMBER 22 2010	5		
	Edvoch	1)-do-sta		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00