

216000091900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

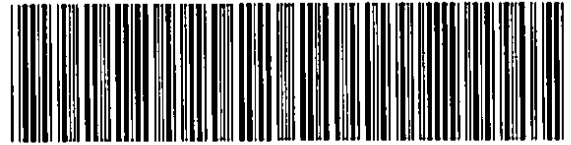
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18 JUN 26 AM 8:24  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

N COOPER

JUN 28 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CERTEZZA REALTY LLC

\_\_\_\_\_  
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:

WILFREDO ESTRADA

\_\_\_\_\_  
Name of Person

CERTEZZA REALTY LLC

\_\_\_\_\_  
Firm/Company

9425 SUNSET DRIVE SUITE 124

\_\_\_\_\_  
Address

MIAMI, FL 33173

\_\_\_\_\_  
City/State and Zip Code

wil.estrada@certezzarealty.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILFREDO ESTRADA

786

516-8886

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is 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**

CERTEZZA REALTY LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/11/2016 and assigned  
Florida document number L16000091900.

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)

FILED  
IN  
CLERK'S  
OFFICE  
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DIVISION OF CORPORATIONS

**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:

9425 SUNSET DRIVE SUITE 124

*Enter Florida street address*

MIAMI

*City*

Florida 33173

*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.*



Wilfredo Estrada

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>
AMBR	MARIUSHKA MORALES	12731 SW 209TH ST	<input type="checkbox"/> Add
		MIAMI, FL 33177	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CHRISTOPHER ESTRADA	9425 SUNSET DRIVE	<input checked="" type="checkbox"/> Add
		SUITE 124	<input type="checkbox"/> Remove
		MIAMI, FL 33173	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

DIVISION OF CONSUMER PROTECTION  
18 JUN 26 AM 8:24

SECRETARY OF STATE  
DIVISION OF CONCORDANCE  
18 JUN 26 AM 8:24

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JUNE, 18TH 2018

WILFREDO ESTRADA

**Filing Fee: \$25.00**