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(Red	questor's Name)	
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
CHD IF		L ESTATE 1, LLC		
SUBJEC	CT:	Name of Lin	nited Liability Company	<del></del>
<i>a</i> n .			. 10 50	
		Amendment and fee(s) are sub	-	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		EHUD SIMHI		
			Name of Person	
			Firm/Company	<del></del>
		2575 NE 214th St		
			Address	
		Miami , FL 33180		
		Nissanrealestate@gmail.co	City/State and Zip Code	
		<del>-</del>	to be used for future annual report not	ification)
For furth	er information co	oncerning this matter, please c	all:	
Ehud Sir	nhi		561 3034807 at()	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed	l is a check for th	e following amount:		
	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L.D.A REAL ESTATE 1, LLC	<u>710 1 11 15 1</u>	PH 2: 14
(Name of the Limited Liability Co (A Florida Limi	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 06/02/2016	and assigned
lorida document number L16000107414		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
DiAmore Real Estate 1, LLC		
he new name must be distinguishable and contain the words "Limited I	liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	5)	
Enter new mailing address, if applicable:		
		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		<del></del>
3. If amending the registered agent and/or registered off	ice address on our records, <u>enter th</u>	e name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	ra	л.
	, Flori	0a 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 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

AMIDA - AUDOLIZEU MICHOLI	AMBR =	Authorized	Member
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<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
	_		□Add
			□Change
			Change
	<u> </u>		□Add
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an effective date is ote: If the date i	other than the date listed, the date must be s nserted in this block of we date on the Depart	pecific and cannot b loes not meet the a	e prior to date of fil applicable statute	ling or more than 9 ory filing require	0 days after filing.)	Pursuant to 605.0207 vill not be listed as
is filed.	a delayed effective dat			01 a.m. on the ea	rlier of: (b) The	90th day after the
ated	nuwy (	20 Leadure of a member 9	22.	sentative of a mem	her	
			<del>_</del> .	signee		