L1600016523

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TALLAHASSEE. FLOSIDA

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COVER LETTER

	tration Sec ion of Corp				
SUBJECT: _	/eloso Real	ty Group, LLC			
_		Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	-		
		Laura Gonzalez			
		*	Name of Person		
		Veloso Realty Group, LLC			
			Firm/Company		
		9020 Savannah Magnolia	Lane		35 TALL 55 FEE
			Address		SE PETT
		Orlando, FL 32832			= 35
		brokereg@gmail.com	City/State and Zip Code		16 SEP 14 PH 1:1
			to be used for future annual report not	ification)	
For further info	ormation co	ncerning this matter, please ca	all:		., هم
Ellen Gonzale	z		407 790-0029 at ()		
	Name of	Person		ne Telephone Number	
Enclosed is a c	heck for the	e following amount:			
■ \$25.00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Sta Certified Copy (additional copy is er	itus &

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

Veloso Realty Group, LLC				
(Name of the Lin	nited Liability Cor (A Florida Limit	npany as it now appears on ou ted Liability Company)	ır records.)	
The Articles of Organization for this Limited	Liability Compa	any were filed on 9/2/2016		_ and assigned
Florida document number L16000165523				
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited I	iability company here:		
The new name must be distinguishable and contain the	words "Limited L	iability Company," the designat	ion "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if appl	N/A			
(Principal office address MUST BE A STRE	ET ADDRESS	<u> </u>	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
Enter new mailing address, if applicable:		N/A		T6 SE
(Mailing address MAY BE A POST OFFICE			- ASE	
B. If amending the registered agent an registered agent and/or the new registered	•		records, enter th	e name of the
				>
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida stre	et address	
			, Florida	2: 0.1
		City		7in 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
AMBR	Ellen Gonzalez	9020 Savannah Magnolia lane	≅ Add
		Orlando, FL 32832	☐ Remove
			☐ Change
			
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			AUK.
(If an effective of Note: If the	te, if other than the date of filing:		07 (3)(b)
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on t day after the record is filed.	the earlier (of:
Dated Scpte	2016 2016		
	Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00