

U6000222691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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OFFICE OF CORPORATIONS  
17 APR 24 PM 11:57

APR 25 2017  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** New Foundation 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:

Elliot Nunez

Name of Person

New Foundation Realty LLC

Firm/Company

14660 Potanow Trail

Address

Orlando, Florida 32837

City/State and Zip Code

elliottnunez01@gmail.com

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

For further information concerning this matter, please call:

Elliot Nunez

321

231-1738

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 13, 2017

ELLIOT NUNEZ  
14660 POTANOW TRAIL  
ORLANDO, FL 32837

SUBJECT: NEW FOUNDATION REALTY LLC  
Ref. Number: L16000222691

We have received your document for NEW FOUNDATION REALTY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 117A00007162

RECEIVED  
2017 APR 24 AM 10:59  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 APR 24 PM 1:57

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

New Foundation 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 April 5, 2017 and assigned  
Florida document number L16000222691.

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) \_\_\_\_\_

**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: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, **Florida**  
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>                | <u>Address</u>              | <u>Type of Action</u>                   |
|--------------|----------------------------|-----------------------------|---|
| MGR          | Elliot Nunez               | 14660 Potanow Trail Orlando | <input checked="" type="checkbox"/> Add |
|              |                            |                             | <input type="checkbox"/> Remove         |
|              |                            |                             | <input type="checkbox"/> Change         |
| MGR          | Elssie J Nunez             | 14660 Potanow Trail Orlando | <input checked="" type="checkbox"/> Add |
|              |                            |                             | <input type="checkbox"/> Remove         |
|              |                            |                             | <input type="checkbox"/> Change         |
| AMBR         | Elliot Jeramy Nunez        | 14660 Potanow Trail Orlando | <input checked="" type="checkbox"/> Add |
|              |                            |                             | <input type="checkbox"/> Remove         |
|              |                            |                             | <input type="checkbox"/> Change         |
| AMBR         | Jennifer Jackeline O'Neill | 14660 Potanow Trail Orlando | <input checked="" type="checkbox"/> Add |
|              |                            |                             | <input type="checkbox"/> Remove         |
|              |                            |                             | <input type="checkbox"/> Change         |
| AMBR         | Jeralyn J Pena             | 14660 Potanow Trail Orlando | <input checked="" type="checkbox"/> Add |
|              |                            |                             | <input type="checkbox"/> Remove         |
|              |                            |                             | <input type="checkbox"/> Change         |
|              |                            |                             | <input checked="" type="checkbox"/> Add |
|              |                            |                             | <input type="checkbox"/> Remove         |
|              |                            |                             | <input type="checkbox"/> Change         |

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17 APR 24 PM 4:57  
CLERK OF COURT

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 4-5-2017

  
Signature of a member or authorized representative of a member

Elliot Nunez  
Typed or printed name of signee