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## CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

L.	Jorge	L. Loy (	Reaf E.	state)	<u> </u>	<u> </u>
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New Filings
Profit
Non-Profit
Limited Liability
Other:

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	X	"Amendments
		Resignation
		Dissolution/Withdrawal
		Other:

Other Filings
Annual Report
Fictitious Name
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Other:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JORGE L. LOY (REAL ESTATE) LLC	
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L16000232154}{L16000232154}$ .	by were filed on 12/27/2016 and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
JORGE L. LOY LLC.	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	723
	SS SS
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	- FS - 0
	ORDA 21
B. If amending the registered agent and/or registered o	
cegistered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<u> </u>	, Florida
	Ciṇ 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 L □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change

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record specifies a delayed of the 90th day after the recor	effective date, bu d is filed.	t not an effec	tive time, at	12:01 a	a.m. or	n the ea	arlier
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