## 117000106378

(Requestor's Name)	_
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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## **COVER LETTER**

Div	ision of Corp	oorations		
SUBJECT:		EAL ESTATE LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		JULIO C DE LOS RIOS		
		<del></del>	Name of Person	<del></del>
		DLR PROFESSIONAL S	ERVICES INC	
			Firm/Company	
		5740 HOLLYWOOD BLY	VD SUITE 600	
			Address	
		HOLLYWOOD, FL 3302	1	
			City/State and Zip Code	
		DLRCORP@AOL.COM	- L	Sandan Sandan
Ear forthar is	oformation as	ncerning this matter, please concerning	to be used for future annual report notif	(cation)
roi iuruici ii	mormation co	succerning this matter, please c	air.	
JULIO C E	DE LOS RIOS	3	954 266-9717 at ()	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a	a check for the	e following amount:		
<b>≘</b> \$25.00 F	iling 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

Registration Section

TO:

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

LLEIDA REAL ESTATE, LLC			
( <u>Name of the Limited Lial</u> (A Flot	bility Company as it now rida Limited Liability Con	appears on our records.)	
The Articles of Organization for this Limited Liability	y Company were filed	on 05/15/2017	and assigned
Florida document number L17000106378	·		
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	imited liability comp	any here:	
The new name must be distinguishable and contain the words "!	limited Liability Company	;" the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADd	DRESS)		
Enter new mailing address, if applicable:		<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)			
			<del> </del>
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		ess on our records, <u>en</u>	ter the name of the n
Name of New Registered Agent:			7 <b>9</b> 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
New Registered Office Address:			ASS
	En	ster Florida street address Florida	A A
	City		Zip Code ·
New Registered Agent's Signature, if changing Registe	red Agent:		0.7

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FRANCISCO ELIZONDO ROME <b>R</b> O	Paseo de los Laureles 58, Bosque	<b>■</b> Add
		de las Lomas, Mexico DF,Mexico	□ Remove
			☐ Change
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E. Effec	tive date, if other than the da	ute of filing: _	11/2017		(optional)	
(If an e	Tective date is listed, the date must b	e specific and canno	t be prior to date of f			
docu	. If the date inserted in this block nent's effective date on the Department.	artment of State's	records.	ory ming requiremen	is, this date will h	of be fisted a:
f the re	cord specifies a delayed e	ffective date.	but not an effe	ctive time, at 12	:01 a.m. on th	ne earlier o
	90th day after the recor					
Dated	November 11th	201	!7 <del>^</del> ·			
		JO				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00