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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
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COVER LETTER

Div	ision of Corp	orations		
SHRIFCT:	LANDRIAN	N REALTY LLC		•
50.001.C1.		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		JHOJANA LANDRIAN		
			Name of Person	
			Firm/Company	And the second of the second
		9542 SW 137TH AVENU	E	
			Address	
		MIAMI, FLORIDA 33186	j	
		· · ·	City/State and Zip Code	
		JHOJANA_L@HOTMAIL		
		E-mail address: (to be used for future annual report notific	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
LILIBETH	RUEDA		786 5770191 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
□ \$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:

TO:

Registration Section

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

(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appe Limited Liability Company	ars on our records.)	<u>.</u>
The Articles of Organization for this Limited Liability C Florida document numberL17000122191	ompany were filed on	06/07/2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company	<u>here</u> :	
JHOJANA LANDRIAN LLC			· •
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the	designation "LLC" or	the abbreviation L.L.C."
Enter new principal offices address, if applicable:			SE SE T
Principal office address MUST BE A STREET ADDR	RESS)		SS 20 M
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)			F STATE
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		on our records, <u>e</u>	nter the name of the
Name of New Registered Agent:			W.00
New Registered Office Address:		lorida street address	
	Enter P	ioriaa street adaress	
	(7)	, Florid	
	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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			
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			Add
			□ Remove
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ffective date, an effective date	if other than the	: date of filing st be specific and	g: I cannot be prio	r to date of filing	or more than 90 da	(optional) ws after filing) .) Pursuant to 605	5.020
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Typed or printed name of signee

Filing Fee: \$25.00