# 117000137784

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# **COVER LETTER**

	egistration Se ivision of Cor				
		ND ASSOCIATES REAL EST	TATE INVESTMENT LLC		
SUBJECT	:	Name of Limi	ited Liability Company		
Fhe enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	rn all correspo	ndence concerning this matter	to the following:		
		ANDRES GUERRA			
			Name of Person		
		AAA PROFESSIONAL SI	ERVICES LLC		
Firm/Company					
	1875 LAKEMONT AVE UNIT 101				
			Address		
		ORLANDO, FL 32814			
			City/State and Zip Code		
		andresguerrav@yahoo.com			
		E-mail address: (t	to be used for future annual report notifi	cation)	
For further	information co	oncerning this matter, please ca	all:		
Andres Gu	erra		786 4161299		
	Name of	Person	at () Area Code Daytime	Telephone Number	
Enclosed is	s a check for th	ne 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:

TO:

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

### ADAMS AND ASSOCIATES REAL ESTATE INVESTMENT 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 

[17000137784]

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 "LLC."

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:

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

. Florida \_



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
MGR	SQUEO, ORIANA	2605 ATHERTON DRIVE	<b>■</b> Add
		ORLANDO, FL 32824	Remove
			□ Change
MGR	MARTINEZ, SANDRA	1875 LAKEMONT AVE	<b>■</b> Add
		ORLANDO, FL 32814	☐ Remove
		<del> </del>	Change
			Add
			Remove  Change
			→ Add  → Add  → Tr  → T
			□ Change
			Add
			□ Remove
			Change

Shareholders since the effe	ective date:	
NAME	ADDRESS	%
SANDRA MARTINEZ	1875 Lakemont Ave Unit 101 Orlando FL 32814	50%
ORIANA SQUEO	2605 Atherton Drive Orlando FL 32824	50%
		SEP - 1
		## 17 P
If the date inserted in this	08/252017  he date of filing:	
cord specifies a delay e 90th day after the re	red effective date, but not an effective time, at ecord is filed.	12:01 a.m. on the earlier of
08/29	. 2017	
	Signature of a member or authorized representative of a member of ANDLE) 6 JERGAL	per

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Filing Fee: \$25.00