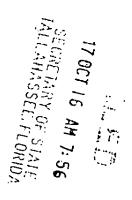


	(Re	questor's Name)	
		dress)	
	(,,,	a.c.33)	
	(Ad	ldress)	
_	(Cit	ty/State/Zip/Phone	· #)
	PICK-UP	WAIT	MAIL
	(Bu	siness Entity Nam	ne)
	(Do	ocument Number)	
Certified Cop	pies	_ Certificates	of Status
		Certificates Filing Officer:	of Status
			of Status
			of Status
	structions to		of Status



10/17/17--01912--019 **25.00



, COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LIONheart Real Estate, 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:
Reglam Rosapu Name of Person Lion heart Rew Estate, LLC
LION heart Read Estable, LLC
9706 Richmund Circle.
Boay Ruhn F2 33434.
E-mail address: (to be used for future annual report notification) City/State and Zip Code LONGRAPHOWALL Com City/State and Zip Code City/State and Zip Code Com City/State and Zip Code Com Com Com Com Com Com Com Co
For further information concerning this matter, please call:
Region Rosciero at (186) 362-1438 Name of Person at (186) Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S50.00 Filing Fee & Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa) (A Florida Limited L.)	Estale, LLC. ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1700 150 147	were filed on 7/13 17. and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7000 W. Palmetto Park Rd.
(Principal office address MUST BE A STREET ADDRESS)	Suite 210 Bocc Pubo 5 331127
	- COCA +CATOTITE 33455
Enter new mailing address, if applicable:	1000 W. Palmetto Park Rd.
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	Boxa Raton, Fr 33433
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
	777
Name of New Registered Agent:	LA SÃ À
New Registered Office Address:	
	Enter Fiorida street address
	City Florida State of Transfer

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 Title Name **Address** Type of Action 7000 W. Palmetto Park Rd KAdd AMBR JUAN F. ROSARIO Suite 210 □ Remove BOCA Rahn, F2 33433 O Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove _ Change □ Add □ Remove ☐ Change □ Add □ Remove

_□ Change

-	<u> </u>					 -		
		NH	<u> 82-</u>	-216	3334	<u>, </u>	-	
					u -			
	 _	-			-			
						_		
							<u></u>	··
		-			_			
	-							
				_		<u> </u>	— <u>;=</u> ;c	77
								100
	<u>_</u>						XX SSI	5
						-	2	A
 -	<u>_</u>		-		 _		95	7
 -	_	_	<u> </u>		-		<u> </u>	n '''
		_						
			-	<u> </u>		_		
		,			 _			
Effective da	ite, if other t	han the date	of filing:	N//	4	(IV	
li an effective o	date is listed, the	date must be sp	secific and canno	t be prior to date	of filing or more tha	(option 90 days after	filing & Duran	int to 605,0207
document's e	effective date of	on the Departi	nent of State's	records.	atutory filing requ	irements, this	date will no	t be listed as t
ne record s The 90th	specifies a c day after t	delayed effe	ective date,	but not an e	effective time,	at 12:01 a	.m. on the	e earlier of:
(i			s mea.					
Dated	1chober	_[\	20	17				
		<u> </u>		<u> </u>				
			tura of a mamba		epresentative) of a m			<u>-</u>
_		วายทภ		こいしょりしょうしょうしょう	***************************	14 F 74 F 74 F 4 F 4 F		
_		Signa		M. Rosal		ember		

Page 3 of 3

Filing Fee: \$25.00