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PICK-UP	☐ WAΠ	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:		

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## COVER LETTER

TO:		tration Sec on of Corp			
SUBI	F IECT:	ernando Pa	rra Realior LLC		
Name of Limited Liability Company				ited Liability Company	
The e	nclosed A	articles of A	amendment and fee(s) are sub	mitted for filing.	
Please	e return al	l correspon	dence concerning this matter	to the following:	
			Fernando Parra		
				Name of Person	<del></del>
			Fernando Parra LLC		
			· · · · · · · · · · · · · · · · · · ·	Firm/Соприну	——————————————————————————————————————
			722 Oak Shadows Rd		
				Address	<del></del>
			Celebration, FL 34747		
				City/State and Zip Code	
			ferpaba63@yahoo.com		
				to be used for fotore annual report not	fication)
For fu	other info	rmation co	ncerning this matter, please o	all;	
Fema	ando Parra	1		407 8732667	
		Name of	Person	Area Code Dayting	e Telephone Number
Enclo	sed is a cl	heck for the	following amount:		
<b>₽</b> \$2	25. <b>00 Fil</b> io	ng Fcc	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is cardosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is carclesed)

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 ORGANIZATION OF

Little C	
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:	
imited liability company here:	
Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
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	5: L
<del></del>	<del>&gt;</del> <b>o</b>
gistered office address on our re ddress here:	ecords, <u>enter the name of th</u>
Enter Florida street	address
	F7
City	_, Florida Zip Code
	imited liability company here:  Limited Liability Company." the designation  DRESS)  gistered office address on our reddress here:  Enter Florida street

## 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
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Effective date, if other than the date of filing:  [If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant Note; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not t document's effective date on the Department of State's records.		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00