## L180000004155

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## **COVER LETTER**

	egistration Se ivision of Cor			•			
elib hezer		ND REALTY SERVICES LLC					
SUBJECT	:	Name of Lin	ited Liability Company				
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please retur	m all correspo	indence concerning this matter	to the following:				
		JOSE ANTONIO MENDI	EZ FENERANDEZ				
			Name of Person	<del></del>			
	JOSE MEND REALTY SERVICES LLC						
Firm/Company							
	2918 W BRADDOCK ST						
			Address	<del></del> -			
		TAMPA/ FLORIDA/ 3360	1)7				
		JAMENDEZF1968@GMA	City/State and Zip Code	<del></del>			
		_	to be used for future annual report noti	fication)			
For further	information c	oncerning this matter, please c	all:				
JOSE A. N			813 347 0818				
	Name o	f Person	at () Area Code Daytim	e Telephone Number			
Enclosed is	a check for th	ne following amount:					
\$25.00	Filing Fee	☐ \$30.00 Filing Fac & Certificate of Status	Cl \$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 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

JOSE MEND REALTY SERVICES LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	<u>ny as it now appears on our records.</u> ) лаbility Company)
he Articles of Organization for this Limited Liability Company	were filed on 01/04/2018 and assigned
orida document number 1.18000004155	
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	ility company here:
OSE MENDEZ REALTY, LLC	
ne new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "LL.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	Eg
	\$ \frac{\frac{1}{2}}{2} \frac{1}{2}
nter new mailing address, if applicable:	72
<u> Iailing address MAY BE A POST OFFICE BOX)</u>	2 2
	<u> </u>
If amending the registered agent and/or registered of gistered agent and/or the new registered office address here	ffice address on our records, enter the name of the e:
Name of New Registered Agent:	
New Registered Office Address:	
· · · · · · · · · · · · · · · · · · ·	Enter Florida street address
	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, 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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			Change
			Add
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Affective date, if other an effective date is listed, if Note: If the date inserted document's effective date	ie date must be spe in this block do	cific and cannots es not meet t	ot be prior to a he applicabl	date of filing c	r more than 90	days after fili	ng.) Pursu	ant to 60 of be lis	)5.0207 sted as
e record specifies a The 90th day after	delayed effecthe record is	ctive date, filed.	but not a	ın effectiv	e time, at	12:01 a.n	າ. on th	e earl	ier of
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Dated	<del></del>								

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Typed or printed name of signec

Filing Fee: \$25.00