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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration ! Division of Co			
SUBJECT:	Exempla Name of Lim	r Reattor'S, LLC.	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		dalys Hernande	Z
ř	Exemplailing Address	plar Realty, LLC.	
	PO BOX 12691	Address	
	Hialeah, FL	City/State and Zip Code 143@hotmail.Com to be used for future annual report noti	
	E-mail address (to	be used for future annual report noti	fication)
For further information of	oncerning this matter, please cal		
Odalys 1	ternandez f Burron	at (<u>786)</u> <u>222 -</u> Area Code Daytim	9164
rane o	i i cison	Area Code Daytim	e Telephone Number
Enclosed is 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:

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

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	ECT: Exemplar Realtor'S, LLC. Name of Limited Liability Company
The en	aclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Odalys Hernandez Name of Person
	Exemplar Realty, LLC.
	PO BOX 126941
	Address
	Hialeah, FL. 33012
	Hialeah, FL. 33012 City/State and Zip Code Odalys 143@hotmail. Com E-mail address! (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Odalys Hernandez at (786) 222-9164
	Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
□ \$25	5.00 Filing Fee Scrifficate of Status S55.00 Filing Fee Scrifficate of Status S60.00 Filing Fee. Certificate of Status 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**

	pany as it now appears on our recorded Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on	ol8 and assigned
Florida document number <u>L18600007821</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Exemplar Realty 110	· · · · · · · · · · · · · · · · · · ·	
Exemplar Realty, LLC. The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	PO BOX 126941	
Mailing address MAY BE A POST OFFICE BOX)	Hialeah, FL. 33	3012
	•	
3. If amending the registered agent and/or registered or	ffice address on our records,	enter the name of the n
3. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her	ffice address on our records, e:	enter the name of the n
selection agent analysis the new registered office address her	ffice address on our records, e:	enter the name of the n
Name of New Registered Agent:	ffice address on our records, e:	N T
selection agent analysis the new registered office address her	<u>e</u> :	~
Name of New Registered Agent:	ffice address on our records, e: Enter Florida street address	N T
Name of New Registered Agent:	e: Enter Florida street address Flor	MAN IB M 9: 30
Name of New Registered Agent: New Registered Office Address:	e: Enter Florida street address	B JAN 18 AM 9: 7
Name of New Registered Agent:	Enter Florida street address Flor	JAN FI

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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
			□ Add
			□ Remove
			Change
			
			□ Remove
			☐ Change
			
			□ Remove
			Change
			Add
		Remove	
			Change
			□ Add
		□ Remove	
			Change
	-		□ Add
			□ Remove
			□ Change

If amending any other information, enter change(s) here: (Attach additional	sheets, if necessary.)
Article III is hereby ammended to	read as follows
1. Any lawful business operation	, (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
2.All lawful matters related to manageme	unt a nounti a
Salas avaloginas ed all assured to	ou, Operation
3. Realestate brokerage services.	ted to real estate.
3. Keal estate brokerage services.	
	<u></u> <u></u> <u></u> ∞
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	—————————————————————————————————————
	·
fective date, if other than the date of filing: m effective date is listed, the date must be specific and cannot be prior to date of filing or more that one: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional) n 90 days after filing.) Pursuant to 605.020 irements, this date will not be listed a
record specifies a delayed effective date, but not an effective time, the 90th day after the record is filed.	at 12:01 a.m. on the earlier (
ted January 9 2018	
Signature of anhember or authorized representative of a me	mber
Odalus Hernandez	

Page 3 of 3

Filing Fee: \$25.00