L18 0000 39709

| (Re | questor's Name) | |
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| (Cit | ty/State/Zip/Phone | ≠ #) |
| PICK-UP | ☐ WAIT | MAIL |
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| (Bu | isiness Entity Nar | ne) |
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| (De | ocument Number) | |
| Certified Copies | Certificates | s of Status |
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| Special Instructions to | Filing Officer: | · · · · · · · · · · · · · · · · · · · |
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Office Use Only



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COVER LETTER

| Division of Corp | orations | | | | |
|-----------------------------|---|---|--|--|--|
| RL 4861 LL SUBJECT: | С | | | | |
| | Name of Limit | ted Liability Company | | | |
| | | | | | |
| The enclosed Articles of A | amendment and fee(s) are subm | nitted for filing. | Daytime Telephone Number \$60.00 Filing Fee, Certificate of Status & Certified Copy | | |
| Please return all correspon | dence concerning this matter t | o the following: | | | |
| | CONSTANZA PROFETA | • | | | |
| Name of Person | | | | | |
| | | | | | |
| Firm/Company | | | | | |
| | 175 SW 7 ST SUITE 2110 | | | | |
| | , , , , , , , , , , , , , , , , , , , | Address | | | |
| | MIAMI FL 33130 | | | | |
| City/State and Zip Code | | | | | |
| LORELVY@477REALTY.COM | | | | | |
| | E-mail address: (to | o be used for future annual report notific | ation) | | |
| For further information co | ncerning this matter, please ca | 11: | | | |
| CONSTANZA PROFET | A | 305 6298191 | | | |
| Name of Person | | at () Area Code Daytime 1 | Telephone Number | | |
| | | | | | |
| Enclosed is a check for the | following amount: | | | | |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & | | |

MAILING ADDRESS:

TO:

Registration Section

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

| RL 4861 LLC | | | | |
|--|---|---------------------------------|--|--|
| (Name of the Limited Liabili (A Florida | ty Company as it now appears on our recor a Limited Liability Company) | <u>'ds.</u>) | | |
| The Articles of Organization for this Limited Liability C Florida document number L18000039709 | Company were filed on <u>02/13/2018</u> | and assigned | | |
| 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 "Lim | nited Liability Company," the designation "LL | C" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 771 | | | |
| (Principal office address MUST BE A STREET ADDI | RESS) | ALC: 18 | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | THAY I 4 PH | | |
| | | TATE TO | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | | is, enter the name of the new | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | Enter Florida street addre | ess | | |
| | . F | lorida | | |
| | 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 | Membe |
|--------|------------|-------|

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-------------------|------------------------|----------------|
| MGR | LINA CAICEDO | 175 SW 7 ST SUITE 2110 | □ Add |
| | | MIAMI FL 33130 | ■ Remove |
| | | | Change |
| MGR | CONSTANZA PROFETA | 175 SW 7 ST SUITE 2110 | ■ Add |
| | | MIAMI FL 33130 | Remove |
| | | | ☐ Change |
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| ffective date, if of an effective date is lis | ther than the dat | e of filing: _ | not be prior to de | te of filing or mor | e than 90 days afte | io nal) r filing) Pursuant | to 605.0207 |
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| ocument s effective | date of the Depar | unioni of state | s records. | | | | |
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| The 90th day a | fter the record | is filed. | • | | · | | |
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| | SIE | lature of a mem | ber or authorized | representative o | f a member | | _ |
| | | P. | et en | Hom | C. L. | | |
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Page 3 of 3

Filing Fee: \$25.00