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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ry/State/Zip/Phon	e #)
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COVER LETTER

TO:	Registration Se Division of Cor			
•	CENTENN	IIAL REALTY GROUP LLC		
SUBJE	ECT:	Name of Lim	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		JUAN CARLOS MEJIA		
			Name of Person	
		CENTENNIAL REALTY	GROUP LLC	
		•	Firm/Company	
		10717 NW 75 TERRACE		
		* -1	Address	
		DORAL FL 33178		
		mejiajcarlos@yahoo.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	fication)
For fur	ther information c	oncerning this matter, please ca	all:	
JUAN	CARLOS MEJIA		954 854-6668	
	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$25	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CENTENNIAL REALTY GROUP LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number	mpany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		TAL SE
(Principal office address MUST BE A STREET ADDRE	ESS)	APR
		SSEA
Enter new mailing address, if applicable:		AM 6
(Mailing address MAY BE A POST OFFICE BOX)		SPA
		7
B. If amending the registered agent and/or registered agent and/or the new registered office addre		iter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Manager	JUAN CARLOS MEJIA	10717 NW 75 TERRACE DORAL FL, 3317	} ■ Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
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Sective date, if other than an effective date is listed, the date interest in this cument's effective date on the	s block does not me	eet the applica	o date of filing or t ble statutory fili	(o) nore than 90 days a ng requirements,	ptional) fler filing.) Pursuant to this date will not be	605.0207 listed as
record specifies a dela The 90th day after the r		∍te, but not	an effective	time, at 12:0	1 a.m. on the ea	arlier of
4/03 ned		2018	-·			
		R				_
	Signature of a m	ember of author	izeti representativ	e of almember		

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Filing Fee: \$25.00