# 11800089336

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies		
Special Instructions to	Filing Officer:	





300313087833

05/14/18--01013--025 \*\*25.00

SECRETARY OF STATE
DIVISION OF CORPORATION

N COOPER MAY 1 5 2018

#### **COVER LETTER**

	RY1 REALTY, PLLC					
Name of Limited Liability Company						
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.				
Please return all corresp	ondence concerning this matter t	to the following:	•			
	Raul Bolufe					
		Name of Person				
	CATEGORY1 REALTY, I	PLLC				
		Firm/Company				
	3252 NE 1ST AVE. SUITE 207					
Address						
	MIAMI, FL 33137					
	rbfinancialsales@gmail.com	City/State and Zip Code				
	<b></b>	o be used for future annual report notifi-	cation)			
For further information	concerning this matter, please ca	11:				
Amelia Diaz		786 955-4216				
Name	of Person	Area Code Daytime	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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

\*\* MAILING ADDRESS: \*\*
Registration Section
Division of Corporations

Registration Section
Division of Corporations

TO:

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

CATEGORY1 REALTY, P∐C		
( <u>Name of the Limited Liahil</u> (A Florid	ity Company as it now appears on our records a Limited Liability Company)	<u>r)</u>
The Articles of Organization for this Limited Liability ( Florida document number	, , ,	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
•	**************************************	<b>3</b> ×××
		IAY
Enter new mailing address, if applicable:	·	
(Mailing address MAY BE A POST OFFICE BOX)	47	<b>≥</b> × × × × × × × × × × × × × × × × × × ×
		RATIO
		O7
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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

MGR = N	langger			
$\mathbf{AMBR} = A$	nanager Authorized Member			
<u>Γitle</u>	<u>Name</u>		Address	Type of Action
AMBR	Ariel Lopez		14125 NW 80 AVE STE 201 Miami Lakes, FL 33016	Add
				□ Remove
				☐ Change
				Add
				□ Remove
				☐ Change
<u>.</u> .		·		Add
			<u> </u>	Remove
				☐ Change
		<del></del>		□ Add
				□ Remove
			<del></del>	☐ Change
· · · · · · · · · · · · · · · · · · ·		<u></u>		Add
				☐ Remove
				☐ Change
				□ Adđ
				☐ Remove
				☐ Change

D. If an	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		$f_{-}$
, ,		·	•
			-
			-
	•		-
			-
		<b>=</b>	9
		MAY	SECRETA VISION OF
	•	7	RY OF CORP
		807	STATE ORATIONS
			. रहे -
			-
(lf an e <u>Note</u> :	ctive date, if other than the date of filing:	it to 605 be list	5.0207 (3 )(1 od as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e 90th day after the record is filed.	earli	er of:
Dated	May 10 . 2018		
	Signature of a member or authorized representative of a member		
•	Raul Bolufe		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00