

(Red	uestor's Name)	
(Add	lress)	
(Add	lress)	
(City	/State/Zip/Phone	#)
PICK-UP	TIAW	MAIL
(Bus	iness Entity Nam	e)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer;	
11	Mills	
	Office Use Only	,



07/10/24--01029--017 **25.00



COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

Holding E	Estate LLC							
U1:	Name of Lim	ited Liability Company						
losed Articles o	f Amendment and fee(s) are sub	mitted for filing.						
eturn all corresp	nondence concerning this matter	to the following:						
	Alejandro Molieri							
		Name of Person						
	Holding Estate LLC							
		Finn/Company						
	2155 Coral Way							
Address Miamí Fl 33145 City/State and Zip Code								
					amolieri@molierigroupepa.com F-mail address: (to be used for future annual report notification)			
				ner information				
ro Molieri		305 7982228						
Name	of Person		e Telephone Number					
d is a check for	the following amount:							
.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)					
		Street Address:						
		Registration Se Division of Cor						
	Division of Co Holding ECT: Osed Articles of turn all corresponder information o Molieri Name d is a check for .00 Filing Fee Mailing Addr Registration	Name of Lim Osed Articles of Amendment and fee(s) are substant all correspondence concerning this matter Alejandro Molieri Holding Estate LLC 2155 Coral Way Miami Fl 33145 amolieri@molierigroupepa.co E-mail address: (ner information concerning this matter, please of Molieri Name of Person d is a check for the following amount: 00 Filing Fee	Division of Corporations Holding Estate LLC Name of Limited Liability Company osed Articles of Amendment and fee(s) are submitted for filing. sturn all correspondence concerning this matter to the following: Alejandro Molieri Name of Person Holding Estate LLC Firm/Company 2155 Coral Way Address Miami Fl 33145 City/State and Zip Code amolieri@molicrigroupepa.com E-mail address: (to be used for future annual report notion at information concerning this matter, please call: o Molieri Name of Person Area Code Daytim d is a check for the following amount: 00 Filing Fee \$30.00 Filing Fee & Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Registration Section					

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

pany as it now appears on our records.) d Liability Company)	l
ny were filed on 04/25/2018	and assigned
	~ ;
	•
. If amending name, enter the new name of the limited liability company here:	
hility Company," the designation "LLC"	or the abbreviation "L.L.C."
	<u> </u>
_	
	 Ŋ
	CU
	<u></u>
e address on our records, <u>enter th</u>	ie name of the new registe
Enter Florida street address	
Flor	rida
City	Zip Code
	e address on our records, enter the

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 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
MGR Maria Jose Morcillo Otero	2155 Coral Way		
		Miami, Fl 33145	⊟Remove
			
MGR Alejandro Molieri	Alejandro Molieri	2155 Coral Way	≣ Add
	Miami, Fl 33145	□ Remove	
			□ Change
			□Add
		□Remove	
			Change
		□Add	
		Change	
		□Add	
		□Remove	
		Change	
		□Add	
			□ Rеточе
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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E. Effect (If an ef Note:	tive date, if other than the date of filing:
	nent's effective date on the Department of State's records.
f the record is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	May 19 , 2024
	Signature of a member or apptholized representative of a member
	Maria Jose Morcillo Otero

Typed or printed name of signee