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SECRETARY OF STATE TALLAHASSEE, FLORIDA

365

COVER LETTER

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LISA AL	BINO-CONTRERAS REAL E	STATE, LLC	
The enclosed Articles of	of Amendment and fee(s) are sui	bmitted for filing.	
Please return all corresp	condence concerning this matte	r to the following:	
	LBINO-CONTRERAS REAL ESTATE, LLC		
		Name of Person	
	LISA ALBINO-CONTRE	ERAS REAL ESTATE, LLC	
		Firm/Company	
	20667 LONGLEAF PINE	EAVENUE	
		Address	
	TAMPA, FL 33647		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
LISA ALBINO-CONTI	RERAS		
Name (of Person		Telephone Number
Enclosed is a check for r	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

(<u>Name of the Limited Liabi</u> (A Flond	ility Company as it now appears on our records.) da Limited Liability Company)	
	Company were filed on MAY 17, 2018	and assigned
Florida document number L180001248(0) This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LISA ALBINO CONTRIRAS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation; LLE of the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation; LLE of the new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Florida		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
LISA ALBINO CONTRERAS, LLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or th	e abbreviation L.L.
Enter new principal offices address, if applicable:		CRE
(Principal office address MUST BE A STREET ADD	RESS)	N I SEE
.,		FLORIDA FLORIDA
Maining address MAT BE A POST OFFICE BOX)		······································
B. If amending the registered agent and/or reging registered agent and/or the new registered office address.	stered office address on our records, <u>ent</u> dress here:	er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	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 = Man AMBR = Aut	ager norized Member		
<u>Title</u>	Name	Address	Type of Action
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Filing Fee: \$25.00