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12/04/23--01/26--005 ••25.00

COVER LETTER

TO: Registration Sec Division of Corp			•
SUBJECT:E	Realfy Name of Limpted	Liability Company	
The enclosed Articles of A	amendment and fee(s) are submitt	ted for filing.	
Please return all correspon	dence concerning this matter to the	he following:	
	Meschac	Hen ri Que	27
	ED	Realty LLC Firm/Company	2.
	•	Th University	
	Mivamar	The 33 005	
		42hoo.Ctm clised for future annual report notific	
For further information ec	meerning this matter, please call:		
Meschac Name of	Heriri Quez	at (<u>454</u>) <u>982 .</u> Area CodeDaytime I	5438 Felephone Number
Enclosed is a check for th	e 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 S Division of C P.O. Box 632 Tallahassee, F	section orporations 7	Street Address: Registration Sect Division of Corp. The Centre of Ta 2415 N. Monroe	orations Habassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Articles of Organization for this Limited Liability Company were filed on	and assigned
f amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevia er new principal offices address, if applicable: ncipal office address MUST BE A STREET ADDRESS) er new mailing address, if applicable: illing address MAY BE A POST OFFICE BOX)	
new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevia er new principal offices address, if applicable: **Incipal office address MUST BE A STREET ADDRESS** **Er new mailing address, if applicable: **Idling address MAY BE A POST OFFICE BOX** **Idling address MAY BE	
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er new mailing address, if applicable: iling address MAY BE A POST OFFICE BOX)	ntion "L.L.C."
er new mailing address, if applicable: iling address MAY BE A POST OFFICE BOX)	
iling address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office address on our records, <u>enter the name of t</u> nt and/or the new registered office address here:	the new registe
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
	ip Code
City Zi Registered Agent's Signature, if changing Registered Agent:	p Code

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 Member Litte <u>Name</u> <u>Address</u> Type of Action MGR Mesthac Henriquez 13010 Nish Th Are-OR- 900 NE 125th Street DAM MIAMI FL 33161 Swte + 216 BRemove ______ OReniova C Change = Repore

______ Change

		 			
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<u>ote:</u> If the date	f other than the date of s listed, the date must be special inserted in this block does tive date on the Department	not meet the applica	to date of filing or more the	(optional) nur 90 days after filing.) Pur quirements, this date will	suant to 605,0207 not be listed as
record specifies Lis filed.	a delayed effective date, bu	ut not an effective tir	me, at 12:01 a.m. on th	e earlier of: (b) The 90	th day after the
ated <u>Mo</u>	Yember 14	n 2023	<u>3</u> .		
	Mesch Signature	lac Hen) e of a member or autho	Reflective of a	member	
	Meschae	1/			