## L18000130635

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2022 FEB 22 AM 8: 26
SECRETARY OF SECRETARY

## **COVER LETTER**

	of Corporations		•	•	e de la companya de l
CUI	EVASGARCIA REA	LTY LLC			- -
SUBJECT:		Name of Lin	nited Liability Company	<u> </u>	
The enclosed Arti	cles of Amendment	and fee(s) are sub	omitted for filing.		
Please return all c	orrespondence conce	rning this matter	to the following:		
	Gabriel C	luevas			
			Name of Person		
	Cuevasg	ircia Realty LLC			
			Firm/Company		
	9140C S	W 23rd ST			
		<del></del>	Address		
	Davie, Fl	. 33324			
			City/State and Zip Code		<del></del>
	gabrieleue	vasrealty@gmai			
			(to be used for future annual rep	ort notification)	-
For further inform	ation concerning thi	s matter, please c	call:		
Gabriel Cuevas			954 865-7		
Name of Person			at () Area Code	Daytime Teleph	one Number
Enclosed is a chec	ck for the following a	umount:			
■ \$25.00 Filing	<del>-</del>	Filing Fee &	S55.00 Filing Fee &		\$60.00 Filing Fee.
32, 100 T Hilly		icate of Status	Certified Copy  (additional copy is enclose		Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing .			Street Addi		
-	ation Section n of Corporations			on Section of Corporation	me
P.O. Bo	•			or Corporations	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 FEB 22 AM 8: 26

CUEVASGARCIA REALTY LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Florida \_\_\_ and assigned Florida document number L18000130635 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CUEVASGARCIA GROUP LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." N-A Enter 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 new registered agent and/or the new registered office address here: N-A Name of New Registered Agent: N-A New Registered Office Address: Enter Florida street address . Florida 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 =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			🗀 Remove
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(If an effective	e date inserted ii	in this block does not on the Department of	meet the applicable State's records.	statutory filing requ	irements, this date	will not be listed as th
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