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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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## **COVER LETTER**

	Registration Sect Division of Corpo				
&11D IE7		A MORENO REALTY PLLO	C		
Name of Limited Liability Company					
The enclo	osed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please re	turn all correspond	dence concerning this matter	to the following:		
		MARGARITA MORENO			
			Name of Person		
		9477 TAWNYBERRY ST.	Firm/Company		
		ORLANDO, FL 32832	Address	<del></del>	
		ORLANDO, PL 52652	City/State and Zip Code		
		margarita.moreno@mc.com	i to be used for future annual report notifi	ention)	
For furth	er information cor	ncerning this matter, please ca		edikin,	
MA	REAKTA	- Honero	407 928 5181		
	Name of I	rerson	Area Code Daytime	Telephone Number	
Enclosed	is a check for the	following amount:			
\$25.0	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 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

MARGARITA MORENO REALTY. I	
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number	pility Company were filed on JULY 3, 2018 and assigned
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of the	he limited liability company here:
MARGARITA MORENO PLLC	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicab (Principal office address MUST BE A STREET)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	OX)
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:  New Registered Office Address:	registered office address on our records, enter the name of the new rece address here:  Enter Florida street address Florida
	City Zin 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			☐ Remove
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			- Change
			☐ Remove
			☐ Change
			□ Change

Effective date. If other than the date of filing:  (In a filective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207.  Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted as document's effective date on the Department of State's records.  The 90th day after the record is filed.  AUGUST 13  2018  AUGUST 13  2018  MARGARITA MORENO						•-	
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Filing Fee: \$25.00