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## **COVER LETTER**

TO:	Registration Se Division of Cor			
er:bre		OMMERCIAL REAL ESTAT	E, LLC	
SUBJE	C1:	Name of Limi	ted Liability Company	<del></del>
		Amendment and fee(s) are submodence concerning this matter		
		PEDRO L ORAMA		
			Name of Person	
		ORAMA COMMERCIAL	REAL ESTATE, LLC	
			Firm/Company	
		7422 SW 48 ST		
			Address	
		MIAMI, FL 33155		
		INFO@PEDROLORAMA.	City/State and Zip Code	
			o be used for future annual repor	t notification)
For furt	her information c	oncerning this matter, please ca	ıll:	
PEDRO	) L ORAMA		305	
••••	Name o	f Person	at ()D	aytime Telephone Number
Enclose	ed is a check for the	ne 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

ORAMA COMMERCIAL REAL ESTATE (Name of the Limited Liab)	s. ELC ility Company as it now appears on our records da Limited Liability Company)	<u>)</u>
(A Flori	da Limited Liability Company)	_
The Articles of Organization for this Limited Liability	Company were filed on 08/30/2013	and assigned
Florida document number L18000186070	·	
This amendment is submitted to amend the following:		<b>202</b>
A. If amending name, enter the new name of the lin	mited liability company here:	艺第三 不
ORAMA REALTORS LLC		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC"	" or the abbreviation " .C."
Enter new principal offices address, if applicable:		130 F
(Principal office address MUST BE A STREET ADL	ORESS)	
	<u> </u>	m
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
		<del> </del>
B. If amending the registered agent and/or reg		, enter the name of the new
registered agent and/or the new registered office ad	<u>ldress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	\$
		orida
-	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 = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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fective date, if other than the date of t	filine:		(optio	onal)
nective date, if other than the date of him effective date is listed, the date must be specificate:  If the date inserted in this block does.	ic and cannot be prior	to date of filing or m	ore than 90 days after	filing.) Pursuant to 605.026 date will not be listed a
cument's effective date on the Department	of State's records.		-	
record specifies a delayed effecti The 90th day after the record is fi	ve date, but no led.	t an effective t	ime, at 12:01 a	.m. on the earlier
ned NOVEMBER 22	2019			
Dama		<del>_</del> ·		

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Typed or printed name of signee

Filing Fee: \$25.00