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(Requestor's Name)
(Address)
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(interest)
(City/State/Zip/Phone #)
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(Document Number)
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COVER LETTER

TO: Registration So Division of Coo			
SUBJECT:	Real Estate, Name of Limi	LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cabriel	Name of Person Estate, LLC Firm/Company	
	CT Real	Estate, LLC Firm/Company	
	102 NE 2	nd St #501 Address	
		City/State and Zip Code	
	Claudio @ E-mail address: (t	O Contemanagement	- Com fication)
For further information of	oncerning this matter, please ca	ill:	
Claudio (Conte f Person	at (<u>954</u>) <u>673</u> — Daytim	5918 e Telephone Number
Enclosed is a check for the	ne following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LLC	
ny as it now appears on our records.) lability Company)	
were filed on <u>9/12/18</u>	and assigned
	82
lity company here:	TO
ty Company," the designation "LLC" or the	abbreviation "L.I.C."
102 NE 2nd Street	et 5
Boca Raton, FL	33432
102 NE 2nd Stre	et
#501 Bola Raton, FL 3	33432
ddress on our records, <u>enter the nar</u>	me of the new registered
End Street, #5	0
Ration , Florida, Florida	33432 Zip Code
	lity company here: In Company." the designation "LLC" or the series of

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 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>	Address	Type of Action
<u>D</u>	Cabriel Conte	102 NE 2nd Street	□ Add
		#50i	□Remove
		Boia Raton, FL 3343	2_ @Change
	Jessica Conte	102 NE 2nd Street	□Add
		#501	□Remove
		Boca Raton, FL 334	32 Dechange
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ffective date, if other than the date of filing:		(option	nal)	
an effective date is listed, the date must be specific and cannot be prior tote: If the date inserted in this block does not meet the applications.	to date of filing or mo able statutory filing	re than 90 days after f	iling.) Pursua	int to 605.0 of be listed
ocument's effective date on the Department of State's records.		·		
record specifies a delayed effective date, but not an effective tir is filed.	me, at 12:01 a.m. or	the earlier of: (b)	The 90th	day after t
ated February 9th 2020				
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Filing Fee: \$25.00