118000242070

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COVER LETTER

fO: Registration Division of	i Section Corporations
JOAN (SUBJECT:	STEKEL REAL ESTATE, LLC
	Name of Limited Liability Company
The enclosed Article	s of Amendment and fee(s) are submitted for filing.
lease return all corr	espondence concerning this matter to the following:
	JONATHAN A. OCAMPO
	Name of Person
	Firm/Company
	904 NW 180 AVE
	Address PEMBROKE PINES
	City/State and Zip Code JONATHAN.OCAMPO@JOANSTEKELLAWGROUP.COM
	E-mail address: (to be used for future annual report notification)
For further informati	on concerning this matter, please call:
	AN A. OCAMPO 954 802-0663 at () ne of Person Area Code Daytime Telephone Number
1501	ne of Person Area Code Daytime Telephone Number
Enclosed is a check t	for the following amount:
\$25.00 Filing Fe	e □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

FILED

2018 NOV 13 PM 4: 10

JOAN & STEKEL REAL ESTATE, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) OCTOBER 15, 2018 The Articles of Organization for this Limited Liability Company were filed on and assigned L18000242070 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JOAN & STEKEL LAW GROUP, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LI.C" or the abbreviation "LLC." 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: Name of New Registered Agent: 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.

Citv

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>	Name	Address	Type of Action
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-	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00