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(Req	uestor's Name)	-
bbA)	ress)	
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(City)	/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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(Doc	ument Number)	1
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
	J. HORN JUN 27	1E 2023

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2330 CLARE DRIVE	
TALLAHASSEE, FL 32309	
(850) 524-5437	
(850) 524-6243	
Please use funds from account: 12021000 Authorization Signature: Aquilla Real Estate LLC L180 Business	
Certified Copy	
Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit Corp	X Amendment
Not for Profit	Resignation of R.A. or member
Officer/Director	Dissolution
Limited Liability	Change of Registered Agent
Domestication	
CORP	Conversion
LLLP	Amended and restated Articles
	Statement of Correction
OTHER FILINGS	EGISTERATION/QUALIFICATIONS
Trademark	<u>Edisteration/Quaenterations</u>
Annual Report	Foreign filing
	Limited Partnership
Fictitious Name	Reinstatement
APOSTILL	Other
COUNTRY	

· 'FLORIDA CAPITAL COURIER SERVICES, INC

EXAMINIER'S INITIALS:____

TALLAHASSEE, FL 32309	
(850) 524-5437 (850) 524-6243	
(830) 324-0243	
Please use funds from account: 1202100	000160: \$ 25 0
Authorization Signature:	<u>6.000</u>
Aquilla Real Estate U.C. L18	000266420 DOC#
Business	DOC#
Certified Copy	
Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit Corp	X Amendment
Not for Profit	Resignation of R.A. or member
Officer/Director	Dissolution
Limited Liability	Change of Registered Agent
Domestication	
CORP LLLP	Conversion Amended and restated Articles
LLLF	Statement of Correction
OTHER FILINGS	
-	REGISTERATION/QUALIFICATIONS
<u>Trademark</u>	Foreign filing
Annual Report	Limited Partnership
Fictitious Name	Reinstatement
APOSTILL	Other
COUNTRY	

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

EXAMINIER'S INITIALS:____

COVER LETTER

TO:

TO: Registration So Division of Cor			
Aquilla Re	al Estate, LLC		
SUBJECT:	Name of Lim	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:	
	Alfred Herman		
		Name of Person	
		Firm/Company	
	2212 S. Exmoor Street		
	-	Name of Person Firm/Company Address City/State and Zip Code m (to be used for future annual report notification) call:	
	Tampa, FL 33629		
		•	
	alfredo.herman@gmail.com		otification)
For further information c	oncerning this matter, please c	·	Mineation
Alfred Herman		at ()	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
▲ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Address	 -	Street Address: Registration S	Section
Registration S Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee.	FL 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Aquilla Real Estate, LLC

Sicres PHID (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 Florida document number <u>L18000266420</u> .	were filed on 11/14/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Alfred Herman	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2212 S. Exmoor Street	
	Tampa, FL 33629	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>en</u>	iter the name of the new registered
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street aa	ldress
		, Florida
	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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Alfred Herman	2212 S. Exmoor Street	■Add
		Tampa, FL 33629	Remove
			□ Change
AMBR D	Dana Paris	2212 S. Exmoor Street	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		Tampa, FL 33629	Remove
			□Change
			□Add
			Remove
			Change
			Add
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C. 1766 - alica data de albamahan than th	o data of filings		(ontional)	
C. Effective date, if other than the (If an effective date is listed, the date me Note: If the date inserted in this bedocument's effective date on the I	plock does not meet the a	pplicable statutory filin	ore than 90 days after filing.) P g requirements, this date wi	ursuant to 605.0207 (3 Il not be listed as th
f the record specifies a delayed effecti ecord is filed.	ve date, but not an effect	ive time, at 12:01 a.m.	on the earlier of: (b) The 9	Oth day after the
	11:30	AM		
6/26/2023 Dated				
Dated 6/26/2023	Signature of a member or			

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