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COVER LETTER

	istration Sec ision of Corp		•	
SURIFCT:	By Referral	Only Realty LLC		
JUINICI.		Name of Limi	ted Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following:	
		Jose F Lopez		
			Name of Person	
		By Referral Only Realty Ll	LC	
			Firm/Company	
		2828 Coral Way Suite 470		
			Address	
		Miami, Fl 33145		
			City/State and Zip Code	
		jlopez@byreferralonlyrealty	com o be used for future annual report notifi	eation)
For further i	nformation co	ncerning this matter, please ca		Cations
Jose F Lope			305 310-7804 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	e following amount:		
■ \$ 25.00 I	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

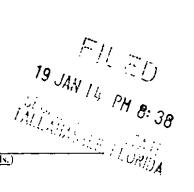
MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



By Referral Only Realty LLC

(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 Companies Florida document number L19000001034	y were filed on 01-01-2019	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC"	or the abbreviation "L.L.C."	
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 registered agent and/or the new registered office address he		enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
 	, Flo	ridaZip Code	
New Registered Agent's Signature, if changing Registered Agen	•	<i></i>	
hereby accept the appointment as registered agent and age rovisions of all statutes relative to the proper and complet ccept the obligations of my position as registered agent as eing filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	te performance of my duties, an s provided for in Chapter 605, 1	d I am familiar with and F.S. Or, if this document is	

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	Hilda D Lopez	2503 SW 9th Avenue	
		Miami FL 33129	Remove
			Change
			□ Remove
			Change Cl-Add Remove
			O-Add
			□ Remove.
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Tective date, if other than effective date is listed, the cote: If the date inserted in ocument's effective date or	ate must be specific a this block does not	ind cannot be prior to t meet the applicab			ng.) Pursuant to 605.0207 (
e record specifies a do The 90th day after th			an effective tim	e, at 12:01 a.m	n. on the earlier of:
1-7 nted		2019			
//.			- •		
//an	L. Z	1	zed representative of		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00