h19000066405

(Reque	estor's Name)	
(Addre	ss)	_
(Addre	ss)	
(City/S	tate/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Na	me)
(Docur	ment Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	

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03/08/22--01030--003 **25.00



A. BUTLER MAR 2 1 2022

COVER LETTER

Division of Cor	porations		
Agency239	Real Estate, LLC		
SUBJECT:		ted Liability Company	
	rane or Bin	according company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Robert Alpizar		
		Name of Person	
	Amou 230 Paul Estata 1 L	C	
	Agency239 Real Estate, LL		
		Firm/Company	
	3811 Airport Rd N #200		
		Address	.
	Naples, FL 34105		
·	·	City/State and Zip Code	
	RA@Agency239.com	ony, oracle and step code	
		o be used for future annual repo	ort notification)
For further information co	oncerning this matter, please ca	ill:	
Robert Alpizar		239 537-19 at ()	
Name of	f Person	Area Code [Daytime Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	°■ \$30.00 Filling Pee &	☐ \$55.00 Filing Fee &	S60.00 Filing Fee.
	Certificate of Status	Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy
	Ver v	(additional copy is enclosed	(additional copy is enclosed)
Mailing Address Registration S		Street Addro Registratio	
Division of C		_	
Division of Corporations Division of Corporations			

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Agency239 Real Estate, LLC

2022 MAR -8 PM 12: 45

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company) St. CRF 17 4 4 4 5 5 7 6 7 7
	TALLAHASHESTATE
The Articles of Organization for this Limited Liability Company	were filed on 03/08/2019 and assigned
Florida document number L19000066405	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
Alpizar Real Estate, LLC	
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:	3811 Airport Rd N
(Principal office address MUST BE A STREET ADDRESS)	#200
	Naples, FL 34105
Enter new mailing address, if applicable:	3811 Airport Rd N
(Mailing address MAY BE A POST OFFICE BOX)	#200
	Naples, FL 34105
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Cha	nging 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
			□Add
			□Remove
		 	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			Change
			□Add
			Remove
			□Chanve

). If amending any other info	rmation, enter change(s) here: (Attach additional sheets, if necessary.)	
		
		
<u> </u>		
		
Note: If the date inserted in th	the date of filing:	suant to 605.0207 (3), not be listed as the
the record specifies a delayed effectord is filed.	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90	th day after the
Dated March 4th	. 2022	
	and a	
	Signature of a member or authorized representative of a member POBERT ALP) ZAR Typed or printed name of signee	
	Typed or printed name of signee	

Filing Fee: \$25.00