## L19000073394

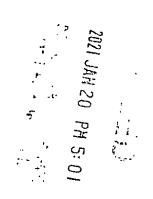
| (Ře                     | equestor's Name)   | · · · · · · · · · · · · · · · · · · · |
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| (Cit                    | ty/State/Zip/Phone | e #)                                  |
|                         |                    | , MAIL                                |
| (Bu                     | isiness Entity Nan | ne)                                   |
| (Do                     | ocument Number)    |                                       |
| Certified Copies        | Certificates       | of Status                             |
| Special Instructions to | Filing Officer:    |                                       |
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Office Use Only



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CHMMONS MAR 0 3 2021

| •                                      |  | COVER LETTER  |   |
|--|--|---|---|
| TO: Registration Se<br>Division of Cor |  | ·   | ***   |
| SUBJECT:                               | JJA  | Realty LC ited Liability Company                                    |   |
|  | Name of Lim                                  | ited Liability Company  |   |
| The enclosed Articles of               | Amendment and feers) are sub                 | mitted for filing.  |   |
| Please return all correspo             | ondence concerning this matter               | to the following:   |   |
|  | Jonethan                                     | J. Altonso<br>Name of Person  |   |
|  |  |   |   |
|  | <u></u>                                      | Realty LLC  |   |
|  |  | Times timpany   |   |
|  | 7240   | Sh 39 Tormer,   |   |
|  |  | Address   |   |
|  | Miari.                                       | FI 33155  |   |
|  |  | F1 33155 City/State and Zip Code noo @title answers.                | <del></del>   |
|  | jalfo  | no atitleanswers.   | com   |
|  | ti-man <b>va</b> ndress. (                   | to oc usca for influe annual report fio                             | ofication)  |
|  | oncerning this matter, please co             |   |   |
| Jonathan                               | Altonso                                      | at (305) Ava.   | 982 - 7857  |
| Name o                                 | f Person                                     | Area Code Daytir  | ne Telephone Number   |
| Enclosed is a check for th             | ne following amount:                         |   |   |
| \$25,00 Filing Fee                     | ☐ \$30,00 Filing Fee & Certificate of Status | □ \$55,00 Filing Fee & Certified Copy tadditional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>tadditional copy is coclosed) |
| Mailing Addres                         | s:   | Street Address:   |   |
| Registration S                         | Section                                      | Registration Sc   |   |
| Division of C<br>P.O. Box 632          |  | Division of Co<br>The Centre of                                     |   |
| Tallahassee, I                         |  |   | rananassee<br>be Street, Suite 810  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION TO A CONTROL OF THE CONTROL OF

| JJA Realty,   | LLC 2021 JAN 20 PM 5: 01   |
|---|--|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited I  | ny as it now appears on our records.)  Liability (Company)         |
| The Articles of Organization for this Limited Liability Company Florida document number <u>119060673394</u>         | were filed on3   15   19 and assigned                              |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited liab<br>Portal Real Fo                                       |  |
| The new name must be distinguishable and contain the words "Limited Liabil  | lity Company," the designation "LLC" or the abbreviation "LLC."    |
| Enter new principal offices address, if applicable:   | 7260 SW 39 Terrace, Suite A<br>Miani, Fl 33155                     |
| (Principal office address MUST BE A STREET ADDRESS)   | Miani, Fl 33155  |
| Enter new mailing address, if applicable:   | Miami Fl 33155   |
| (Mailing address MAY BE A POST OFFICE BON)  | Miami, Fl 33155  |
|   |  |
| B. If amending the registered agent and/or registered office : agent and/or the new registered office address here: | nddress on our records, <u>enter the name of the new registere</u> |
|   |  |
| 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.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

or removed from our records: . I to the second secon MGR = Manager AMBR = Authorized Member 2021 JAN 20 PH 5: 01 Title Name Address Type of Action \_\_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_\_ □Remove \_\_\_\_\_\_Change \_\_\_\_\_ ☐Remove \_\_\_\_\_ □Remove \_\_\_\_\_ □Change 

\_\_\_\_\_ □Change

| ective date, if other than the date of filing:    (optional)   (optional)  |   | 2021-JAH-20-PM-5:-01   |
|--|---|--|
| retive date, if other than the date of filing:    (optional)   |   |  |
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|  | specifies a delayed effective date, but not an effective time<br>d. | r, at 12:01 a.m. on the earlier of: (b) The 90th day after t   |
|  | January 19th 2021   | M  |
| Signature of a member or authorized representative of a member   |   |  |

. . . . .

Filing Fee: \$25.00