L19000119544

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T. MATTHEWS APR -7 2022

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: RT (Real Estate	ilc	· · · · · · · · · · · · · · · · · · ·
	Name of Li	mited Liability Company		
The enclosed Articles of	Amendment and fee(s) are su	abmitted for filing.		
Please return all corresp-	ondence concerning this matte	er to the following:		
	Raul A.	Rodriguez Name of Person	-Torre	S
	RT Comm	ercial Real Firm/Company	Estate	,UC
	2172 SE 6	Sidding Rd	<u></u>	
	Port St	City/State and Zip Code	34952	<u> </u>
	RTE Incorpo E-mail address	rated @ an. : (to be used for future annual r	eport notification)	
For further information of	concerning this matter, please	call:		
Raul A. Ra	Ariguer-Tory	<u>lS</u> at (<u>112</u>) <u>35</u> Area Code	53 - Olo3 Daytime Telepho	one Number
Enclosed is a check for t	he following amount:			
\$25.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT

TO
ARTICLES OF ORGANIZATION DE
OF

FILE	U
Not OHETARY	UF STAPE
INVISION OF CO	RPORATIONS
22 MAR 22	

(Marie Wille Shirt)	(A Florida Limited)	Liability Company)	, sur record,	
The Articles of Organization for this Limited L Florida document number <u>L190001195</u>		were filed on M	24,0720 0	ond assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the design	nation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	ET ADDRESS)	 		
Enter new mailing address, if applicable:			. —	····-
(Mailing address MAY BE A POST OFFICE	BOX)			
		_		
B. If amending the registered agent and/or ragent and/or the new registered office addre	• •	address on our reco	rds, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:	Raul	A. Rodr	iquez-T	orres
New Registered Office Address:	1847 S	E Port Sair Enter Florida s	nt lucie street address	BNd
	Port Sai	int lucie	Florida	34952 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
MGR	Jeffrey B. Miller	1847 SE Port St. Lucie FL	
	J	34952	X :Remove
		 	□Change
MGR	Raul A. Rodriguez-	-Tbrves	XiAdd
	V	2172 SE Gidding Rd	□Remove
		2172 SE Gidding Rd Part St. Lucie, FL 34952	□Change
			🗆 Add
			□Remove
			□Change
			□Add
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effective date is	listed, the date must be sp	ecific and cannot l	be prior to date of f	iling or more than	90 days after filin	g.) Pursuant to 605.0)20
	nserted in this block do ve date on the Departn			tory filing requir	ements, this dat	e will not be listed	ı a
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cord specifies a	delayed effective date	. but not an effe	ctive time, at 12:	01 a.m. on the e	arlier of: (b) T	he 90th day after i	the
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	Signa	ture of a member	or authorized repre	esentative of a mer	nber		