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## **COVER LETTER**

Division of Corpora	ations		
SUBJECT: La	Rosa Real to	1 Orlando LLC. Liability Company	
The enclosed Articles of Ame			
· -		Figueron / 12e La A	20 %
-	La Rox	Realty Orlando Firm/Company	
-	1805 W. Co	Address	<del>.</del>
-		Fe 32804 City/State and Zip Code So really EXECUTIVE grow be used for Juture annual report redifficati	
_	Email address: (to	be used for Juture annual report iterificati	(on)
For further information conce	erning this matter, please call	:	
Uiviana Name of Per	Fryveroa	at ( <u>40) - 508 - 27</u> Area Code Daytime Te	O Z_ Jephone Number
Enclosed is a check for the fo	ollowing amount:		
	☐ \$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

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

La Rosa Realty Dr	-lando LLC.	
(Name of the Limited Liability Compar (A Florida Limited L	iv as it now appears on our rec	rords.)
The Articles of Organization for this Limited Liability Company of Florida document number <u>2/9000/133464</u> .	were filed on	Ze 19 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		> <sub>0</sub> &
(Principal office address MUST BE A STREET ADDRESS)		VED 8 <b>2</b> ≥ 1
		FILE HASSEE
Enter new mailing address, if applicable:	<del>_</del>	
(Mailing address MAY BE A POST OFFICE BOX)		25 0815
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ldress
	City	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City	24)
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie. provided for in Chapter 6	s, and I am familiar with and 05, 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 addeor removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Remaldo 2APATA	1805 De W. Colonial Dr Bl	
		Orlando Fz 32804	□ Remove
			□ Change
MGR	Joseph La Rosa	1805 horizones W. Colonial i	DA BAdd
		Late Orlando FZ 32804	□ Remove
			Change
MGR	Viviana Figueroa	1805 W. Colonico DR BI	<b>Z</b> ∕√dd
		Orlando FL 32804	Remove
			Change
			🗆 Add
			□ Remove
			Change
			□ Remove
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			Chance

Effective date, if other than the date of filing:  (optional)  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursaum to 605 0207  Note: If the date instred in his block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The 90th day after the record is filed.		
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The 90th day after the record is filed.  Dated 8/5/ 2-3/9  Signature of a member or authorized representative of a member	locui	nent's effective date on the Department of State's records.
The 90th day after the record is filed.  Dated 8/5/ 2-3/9  Signature of a member or authorized representative of a member		
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Signature of a member or authorized representative of a member	111	e 90th day after the record is filed.
Signature of a member or authorized representative of a member		2019
Signature of a member or authorized representative of a member	Date	1——————————————————————————————————————
		Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00