(R∈	equestor's Name)	
(Ad	ldress)	
————(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



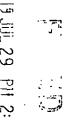
500332556595

500332556595 07/30/19--01001--002 **25.00

19 JUL 29 PH 3! 11

R WETT

JUL 2 3 2013



COVER LETTER

Division of Corporations	
JBJECT: La Rosa Realty Kendal, LLC Name of Limited Liability Company	
Name of Limited Liability Company	
ne enclosed Articles of Amendment and fee(s) are submitted for filing.	
ease return all correspondence concerning this matter to the following:	
Maria N Jnirio	
Name of Person	
Firm/Company	
гип/сопрацу	
15370 SW 155 Ten Address	
Milami FL 33/87 City/State and Zip Code Univio realTox @ 9 mail. Com E-mail address: (to be used for futer annual report notification)	
Ynirio realtor @ 9 mail.com	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
Maria Warrio at (786) 203-0002 Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
nclosed is a check for the following amount:	
S25.00 Filing Fee S25.00 Filin	ļ

MAILING ADDRESS:

TO:

Registration Section

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 JUL 29 PM 2: 17

	(A Florida Limited Liability Company)	Fi'- ∴ fl.
The Articles of Organization for this Limited I	Liability Company were filed on	and assigned
Florida document number 4 1900013	<u>5448</u> .	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC	O" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered of	I/or registered office address on our record office address here:	s, enter the name of the
Name of New Registered Agent:	·····	
New Registered Office Address:		
	Enter Florida street addre	SS
	, FI	lorida
	City	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 wit 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 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 = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Joshuz Ynirio		🗆 Add
	÷	15370 SW 155 Ter, Miomi	<u>fC</u> ⊠ Remove
			Change
MGR	Marino Jnirio		
		15370 SW 155 Ter, Mlane 33/1	<u>u [C</u> <u>≈</u> Remove
			Change
			Add
			Remove
			Change
	***************************************		🗆 Add
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	□ Remove
			☐ Change
			Remove
			Change
			🗖 Add
			□ Remove
			Change

-	
_	
_	
_	
_	
,	
_	
n effec <u>te:</u> - I	re date, if other than the date of filing: \( \subseteq \frac{1}{29} \) \( \choose \ch
reco The S	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
.ed _	July 29 2019

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00