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COVER LETTER

TO:

Registration Section

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Di	ivision of Cor	porations		
SUBJECT	La Rosa Re	alty Kendall, LLC		·
	•	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Maria N. Ynirio		
	The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	·		
		12030 SW 129TH CT, SU	• •	
		Miami, FL. 33186	Address	· · ·
			com	ication)
For further	information c	·	•	
Maria N Y	nirio			
	Name o	f Person		Telephone Number
Enclosed is	a check for th	ne following amount:		
S \$25.00	Filing Fee	S30.00 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)

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 Kendall, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company were filed on 5/20/2019		and assigned	
Florida document number L19000135448			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		201 SI	
Principal office address MUST BE A STREET ADDRESS)		2019 AUG	
		2 P	
Inter new mailing address, if applicable:		- R P 日	
Mailing address MAY BE A POST OFFICE BOX)		÷ 2	
		- m ω	
3. If amending the registered agent and/or registered offe egistered agent and/or the new registered office address here	fice address on our records, s	enter the name of the ne	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Floridu street address		
	, Flori	da	
•	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 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.

It 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>	<u>Address</u>	Type of Action
MGR	Joseph La Rosa	12030 SW 129TH CT, SUITE 105 MIAMI, FL. 33186	
			Aud
			Remove
			Change
			Add
			Remove
			Change
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	we date, if other than the dat cive date is listed, the date must be s		J	(optional)	
Note:	If the date inserted in this block	does not meet the applicat	ole statutory filing req	an 90 days after filing.) Pursu Lirements, this date will n	ot be listed as
	ent's effective date on the Depart		,		
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	ord specifies a delayed eff 90th day after the record		an effective time,	at 12:01 a.m. on th	e earlier of
	Augsut 21	2019			-
D	, ,				
Dated _	1/1/1/1/				
Dated <u>'</u>	Mars	Will De land			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00