L19000/37/88

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(Address)	
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COVER LETTER

Division of	Division of Corporations SECT: TMLS' REAL STATE LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. se return all correspondence concerning this matter to the following: TOSE MIGUEL LA SERNÁ Name of Person TMLS REAL STATE LLC Firm/Company 449 HAVERLAKE CIR. Address APOPKA FI. 32712 City/State and Zip Code E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: DSE MIGUEL LA SERNÁ at (407) 496-8825 Name of Person Area Code Daytime Telephone Number	
SUBJECT: +	MLS' REAL STATE LIC	
	Name of Limited Liability Company	
The enclosed Article	es of Amendment and fee(s) are submitted for filing.	
riease return an con	espondence concerning this matter to the following.	
	JOSE MIGUEL LA SERNA	
	Name of Person	
	JMLS REAL STATE LLC	
	Firm/Company	
	449 HOVERLAKE CIR.	
	Address	
	APOPKA F1. 32712	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further informati	ion concerning this matter, please call:	
JOSE MI	16UEL LA SEZNA 111 (407) 496-8825	
Na	me of Person Area Code Daytime Telephone Number	
Enclosed is a check	for the following amount:	
□ \$25.00 Filing Fo	ce S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

Mailing Address:

TO:

Registration Section

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 OF

JMLS REA		-	·.•
(<u>Name of the Limited Liab</u> (A Flori	oility Company as it now ida Limited Liability Com	appears on our records.) pany)	- ·
The Articles of Organization for this Limited Liability Florida document number <u>L1900013718</u>	Company were filed	on July 15	2020 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability comp	any here:	
The new name must be distinguishable and contain the words "L	imited Liability Company	," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADL	DRESS)		
		····	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	_		
B. If amending the registered agent and/or register agent and/or the new registered office address here		our records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida 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.

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>	Name	Address	Type of Action
MGR	PANIDEZ DELA SERNA	NO 449 HAVERLAKE CIT. APOPKA Fl. 3 2712	[5 ⁄v]dd
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effectiv t <u>e:</u> If th	e date is liste ne date inser	d, the date meted in this	he date of foust be specifically block does in Department	c and ca not mee	nnot be plet the app	rior to dat olicable s			han 90 day		ing.) Pursi		
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			Signature	of a mer	mber or a	uthorized	ropresent	ative of a	member				