L19000143757

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
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AUG 1 3 2020 S. YOUNG

COVER LETTER

TO: Registration Division of	on Section f Corporations		
DEME SUBJECT:	ello real éstate equities	S LLC .	t
SUBJECT:	Name of L	imited Liability Company	
The enclosed Article	es of Amendment and fee(s) are s	ubmitted for filing.	
Please return all corr	respondence concerning this matt	er to the following:	
	LUCIANO M DEMELL	.О	
		Name of Person	
	DEMELLO REAL EST.	ATE EQUITIES LLC	
		Firm/Company	
	2205 OSPREY AVE		
	 -	Address	
	ORLANDO, FL 32814		
		City/State and Zip Code	
	lmdemello@aol.com	(. 1	
For further informat	ion concerning this matter, please	s: (to be used for future annual report no e call:	outication)
LUCIANO M DEM	MELLO	516 9025417	
Na	ame of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing Fo	ee 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)
Division P.O. Box	ion Section of Corporations	Street Address: Registration S Division of Co The Centre of 2415 N. Monr	orporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEMELLO REAL ESTATE EQUITIES LLC	i de la companya de
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000143757</u>	were filed on 05/30/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new register
Name of New Registered Agent: New Registered Office Address:	Epter Florida street address

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.

City

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	GIULIANO R DEMELLO	2205 OSPREY AVE	≣ Add
		ORLANDO, FL 32814	□Remove
			□Change
		□Remove	
			□Change
			□Remove
			Change
			DAdd
			□Remove
			Change
			□Add
			Remove
			□Change
		□ Add	
			🗆 Remove
			□Change

· amenumg an	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an offective date	if other than the date of filing:(optional) is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 is inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ctive date on the Department of State's records.
record specified is filed.	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated <u>06/2</u>	2/2020
7	Lucia The
	Symptome of a member or authorized representative of a member
	,
	LUCIANO M DEMELLO