

(Requestor's Name)
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(Document Number)
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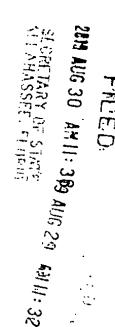
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COVER LETTER

Division of Corp	oorations		
SUBJECT: La	Rose Realy- Name of Limit	The ELITE. LA	C
The enclosed Articles of A	amendment and fee(s) are subn	nitted for filing.	
Please return all correspor	Jac P	Name of Person Firm/Company	
	widey Ch	Address Address ACI FI. 3354 City/State and Zip Code RHELITE. Com o be used for future annual report notific	4
For further information co	ncerning this matter, please ca 7 7 WZMX M Person	at (813) 493-	1297 Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	□ \$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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FI. 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 The EliTE. LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000178025</u> .	were filed on July 10, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
LA ROGA REALTY THE ELITE LLC The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>
(Principal office address MUST BE A STREET ADDRESS)	
P. A. Lander M. W. M. Martin, M. M. M. Martin, M.	E AUG 3
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Enter Florida street address
	Florida

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

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addor removed from our records:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CARMEN GUZMAN		
			≱ Remove
			Change
AMBR	Joseph Audre La Rosa		∫% Add
		_ .	Remove
			Change
			Add
			FILED. Add 2019 16 30g MILLS 38 Change No. Change Add Add 38 Add 2019 16 Add 38 Ad
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ffective	e date, if other than the date of filing:		Optional Expension (option)
an effect lote: If	re date, if other than the date of filing:	prior to date of filing or more than 90 day plicable statutory filing requirement	s after filing) Tursuant to 605.020
	ord specifies a delayed effective date, but 90th day after the record is filed.	not an effective time, at 12	:01 a.m. on the earlier o
ated	August 39 201	19	
	Signature of a member or Levin Guzman Typed or	authorized representative of a member	

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Filing Fee: \$25.00