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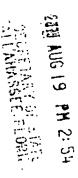
(1	Requestor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LA ROSA REALTY PREMIER, UC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ANDRES L HEBRA Name of Person
LA ROSA REALTY PREMIER, LCC Firm-Company
626 N. ALAFAYA TEL # 207
ORLANDO FL. 32828
ORLANDO FL. 32828 City/State and Zip Code a hebra @ hotna; 1. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANDRES L HEDRA at (YO7) 902-7591 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifticate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA ROSA RET	ALTY TRUMSER,	LLL	
(Name of the Limited Liability	y Company as it now appears on Limited Liability Company)	our recards.)	
(11)		- /- /	7
The Articles of Organization for this Limited Liability Co	ompany were filed on	$\frac{7/22}{2019}$ and assigned	179 6
Florida document numberL1900018022	<u>1</u> .		NG 19 1 2:54
This amendment is submitted to amend the following:			72
A. If amending name, enter the new name of the limit	ted liability company here:		100
The new name most be distinguishable and contain the words "Limit	ted Liability Company," the design	ation "LLC" or the abbreviation "L.L.C"	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR)	ESS)		<u> </u>
			1
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			, <u> </u>
B. If amending the registered agent and/or regist		r records, enter the name of the	new
registered agent and/or the new registered office addr	ess nere:		
Name of New Registered Agent:			
Name of New Registered Agent.			1
New Registered Office Address:	Enter Florida >	treet address	
	Ziner Horisa		
	City	, Florida Zip Code	<u> </u>
New Registered Agent's Signature, if changing Registered	l Agent:	·	
I hereby accept the appointment as registered agent a		wite I thathar arrea to commby with	. Julia
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my yent as provided for in Chap	duties, and I am familiar with and oter 605, F.S. Or, if this document i	
			I
	H Changing Registered Agent,	Signature of New Registered Agent	1

Page 1 of 3

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
m6R	ELVILADUE HERRA	626 N. ALAFAYA TRL #20	7_□ Add
		ONLANDO FL. 32828	Remove
			Change
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Page 2 of 3

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Tective date,	if other than the o is listed, the date must	late of filing: _ he specific and car	mat be prior to date a	of filing or more tha	(optional) in 90 days after filing	Dersuant to 605 020
ote: If the dat	e inserted in this blo	ck does not meet	t the applicable sta	tutory filing requ	irements, this date	will not be listed a
scument's effe	etive date on the De	partment of State	e's records.			
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: record spo The 90th d	ecifies a delayed ay after the reco	effective date rd is filed.	e, but not an e	rrective time,	at 12:01 a.m.	on the earlier (
	_, 					
ated	8/15/		2019			
	<u> </u>					
<	····					
		Signature of a men	iber or authorized re	presentative of a n	iembei	
		Anne	a 1 His	SNA		

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Filing Fee: \$25.00