

L19000185570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

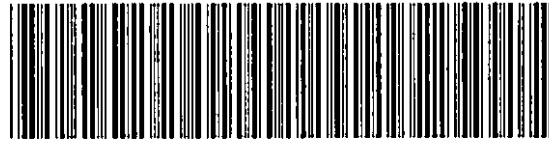
(Business Entity Name)

(Document Number)

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2020 JAN 23 AM 7:24

DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FL 0910

FEB 19 2020

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LA ROSA REALTY JACKSONVILLE, LLC

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:

MARK GRACY

Name of Person

LA ROSA FRANCHISING

Firm/Company

1420 CELEBRATION BLVD, SUITE 200

Address

CELEBRATION, FLORIDA 34747

City/State and Zip Code

JOE@LAROSAREALTYCORP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK GRACY

321 250-1799

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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**

LA ROSA REALTY JACKSONVILLE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2020 JAN 23 AM 7:24
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/01/2019

and assigned

Florida document number L19000185570

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

12627 SAN JOSE BLVD

(Principal office address MUST BE A STREET ADDRESS)

SUITE 506

JACKSONVILLE, FLORIDA 32223

Enter new mailing address, if applicable:

12627 SAN JOSE BLVD

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 506

JACKSONVILLE, FLORIDA 32223

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JOSEPH LA ROSA

New Registered Office Address:

12627 SAN JOSE BLVD SUITE 506

Enter Florida street address

JACKSONVILLE

Florida 32223

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	EARITHA ANDERSON	10961 BURNT MILL ROAD, UNIT 117	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOSEPH LA ROSA	1420 CELEBRATION BLVD., SUITE 200	<input checked="" type="checkbox"/> Add
		CELEBRATION, FL 34747	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Member Dwight Anderson

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated January 20 2020

OK

Signature of a member or authorized representative of a member

Joseph La Rosa

Typed or printed name of signee