

L19000 187 532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

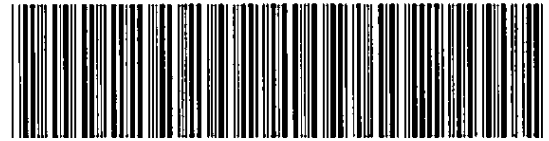
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2019 SEP -9 PM 5:52

COB

C. GOLDEN

SEP 10 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

Allure Realty

SUBJECT: _____
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:

Sharelle Rosado

Name of Person

Allure Realty

Firm/Company

1925 E 6th Ave

Address

Tampa, FL 33605

City/State and Zip Code

Sharelle.rosado1@gmail.com

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

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

For further information concerning this matter, please call:

Sharelle Rosado	813	509-6604
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED
SEP - 9 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2019

SHARELLE ROSADO
13932 SPECTOR ROAD
APT. 318
TAMPA, FL 33547

SUBJECT: ALLURE REALTY LLC
Ref. Number: L19000187532

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 319A00018558

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2019 SEP -9 PM 5:52

ALLURE REALTY LLC

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

The Articles of Organization for this Limited Liability Company were filed on July 22 2019 and assigned
Florida document number L19000187532

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:

1925 E 6th Ave Suite 9

(Principal office address MUST BE A STREET ADDRESS)

Tampa FL 33605

Enter new mailing address, if applicable:

1925 E 6th Ave Suite 9

(Mailing address MAY BE A POST OFFICE BOX)

Tampa FL 33605

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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	Sharelle Rosado	13932 Spector Road Apt 318 Lithia FL 33547	<input checked="" 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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee