

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	rsiness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	iOL	22/21

Office Use Only



000374701920

10/12/21--01015--030 **25.00

2021 OCT 12 AM 9: 07 SECRETARY OF STATE

COVER LETTER

• • • • •

TO:

Registration Section Division of Corporations

SUBJECT: STRATTON REAL- ESTATE 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:
SEBASTLAN GIRALDO
Name of Person
STARTION REAL ESTATE LLC
• •
1251 NE 108 Sr #712
MzAm1, FL 33161 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (786) 444 - 8006 Area Code Daytime Telephone Number
Face Code Daytime Telephone (valid)
Enclosed is a check for the following amount:
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

STRATTON REAL ESTATE LLC

2021 OCT 12 AM 9: 07

(<u>Name of the Limited</u> (A	Liability Company as it now appears on observer ARY OF STATE Florida Limited Liability Company) TALLAHASSES. FI
The Articles of Organization for this Limited Liab	nility Company were filed on \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of the	he limited liability company here:
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicah	ole:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	OX)
	A same of the new regist
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address on our records, <u>enter the name of the new regist</u> here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	Ciny Zip Code

New Registered Agent's Signature, if changing Registered Ag

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 i 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

Title .	Name	Address	Type of Action
MGR	JUAN SCRNA	7030 NW 2 Ave	
		7030 NW 2 Ave Minni, Fl 33150	X Remove
		□Add	
		□Remove	
		□Change	
		□Add	
		□Remove	
		□Change	
		□Add	
		□Remove	
		□Change	
		□Add	
			□Remove
			□Change
			□Add
			□Remove
			□Change

Page 2 of 3

-	
-	
-	
_	
_	
-	
•	
_	
_	
-	
-	
-	
-	
-	
_	
_	
-	
(If an eff Note:	ive date, if other than the date of filing:
the red) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Oct 07. 2021
	Signature of a member of authorized representative of a member SEBASTIAN (7-20-00)
	Signature of a member of authorized representative of a member
	Se 00 571Ad (7470,00
	Typed or printed name of signee

Page 3 of 3