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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Sec Division of Corp			•
SUBJECT:	Realty Grande of Limi	OUP LLC ted Dability Company	
	Amendment and fee(s) are sub-		
	Tatiana	Castillo Name of Person	
	6		
	6605	SW Archer Rd	
		ville FL 3260 City/State and Zip Code Semai 7777 @ to be used for future annual report notiti	
	busines:	semai 7777 @	gmail-com
For further information ed	oncerning this matter, please ca	all:	
Tatiana (Costillo Person	at (35Z) Z24 Area Code Daytime	806 Q : Telephone Number
Enclosed is a check for th	e following amount:		
LX \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on			and assigned		
Florida document number	·				
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	limited liability company h	ere:			
The new name must be distinguishable and contain the words	"Limited Liability Company," the	designation "LLC" or the abbrev	viation "L.L.C."		
Enter new principal offices address, if applicable	e:	<u> </u>	2		
(Principal office address MUST BE A STREET A	DDRESS)		 		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>	3. j.	5		
B. If amending the registered agent and/or regis	ere:				
Name of New Registered Agent:	Kicardo	Castillo J	<u> </u>		
New Registered Office Address:	6605 St	Castillo J U Archer Rd			
-		, Florida $\overline{\mathscr{B}}$ δ			
New Registered Agent's Signature if changing Regi	•		,		

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>	Type of Action
MGR	Ricardo Castillo Ir	6605 SW Archer Rd	XAdd
		Gaines vi NeFL 52608	□Remove
			□Change
MGR	Ricardo Castillo	6605 SW Archer Rd	□Add
		Fairesville FL 32608	Remove
			□ Change
			□Add
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ective date, if other tha reffective date is listed, the da	ite must be specific an	d cannot be prior to			filing.) Purs		
te: If the date inserted in t ument's effective date on			e statutory filing	requirements, this	s date will	not be	listed as
cord specifies a delayed of s filed.	Tective date, but no	t an effective time	, at 12:01 a.m. o	n the earlier of: (b) The 901	th day a	ifter the
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