L20000023629

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
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COVER LETTER

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4	VACRA R	EAL ESTATE LLC		.*
SUBJECT	i:	Name of Lin	ited Liability Company	1-7-
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	ırn all correspo	ondence concerning this matter	to the following:	
		ERNESTO PIRELA		
			Name of Person	
		TAX ADVISORS OF FLO	DRIDA LLC	
		 -	Firm/Company	
		11402 NW 41 ST SUITE	210	
			Address	
		DORAL FL 33178		
		INFO@TAXESFL.COM	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	tification)
For further	information c	oncerning this matter, please c	all:	
ERNESTO) PIRELA		786 4104770	
	Name o	l'Person	at () Area Code Daytin	ne Telephone Number
Enclosed i	s a check for th	ne 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)
R D P.	lailing Addres egistration S vivision of C O. Box 632 allahassee, 1	Section orporations 7	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2020!!" - | PM 1:31

	,
VACRA REAL ESTATE LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number L20000023629	were filed on $\frac{01/16/2020}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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.

Circ

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GONZALO MATA	5350 NW 84 AVE #904 DORAL, FL 33166	
			□Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
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<u> </u>			□Add
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			□Change

Page 2 of 3

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(If an effec Note: 1	obtional) we date, if other than the date of filing: (optional) we 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
	APRIL 20 . 2020 .
Dated A	
Dated _	
Dated _	Signature of a member authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00