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TO: Registration Section Division of Corporations

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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:

		Sarash Felipe	
		Name of Person	
	Cit	bao Real Estate, LLC	
		Firm/Company	
		7829 NW 116 PI	
		Address	
		Doral, FL 33178	
	City/State and Zip Code		
	dra.sa	rahfelipe@gmail.com	
	h-mail address:	(to be used for future annual report noti	fication)
For further information c	concerning this matter, please c	all:	
Frank	Beltre	at (954) 801-766	59
Name o	fPerson		e Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	 Solution Solution<	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee

(additional copy is enclosed)

November 9, 2020

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

1 would like to request for the name of Sarah A Felipe to be changed to the name as it appears on my ID, Sarah Awilda Felipe Gonzalez as requested by my financial institution, Wells Fargo.

Should you have any questions or comments, please contact Frank Beltre at 954-801-7669.

Thank you,

Sarah Awilda Felipe Gonzalez 7829 NW 116 Pl, Doral, FL 33178 dra.sarahfelipe@gmail.com

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CIBAO REAL ESTATE 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 <u>01/16/2020</u> and assigned Florida document number <u>L20000023685</u>

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

	 120 F
Enter new mailing address, if applicable:	OV 24
(Mailing address MAY BE A POST OFFICE BOX)	
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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:	7829 NW 116TH PL, MEDLEY , FL. 33178-1	519
New Registered Office Address:	Enter Florida street addres:	<u>s</u>
•	, Flo	orida 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.

CD.

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SARAH AWILDA FELIPE GONZALEZ	<u> </u>	🗆 Add
			🗆 Remove
			ixl Change
			Add
			🗆 Remove
			(7)Change
a			Add
	<u> </u>		□Add
			□Change
			🗆 Add
			□Change
			🖸 Add
			🗆 Remove
			Change

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

tive date, if other than the date of filing:	(optional)

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 <u>NOVEMBER 9</u>

,

2020 Splipe

Signature of a member or authorized representative of a member

SARAH AWILDA FELIPE GONZALEZ

Typed or printed name of signce