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2022 AUG 22 PM 1: 21
SECRETARY OF STATE
TALL AHASSEE, FL

COVER LETTER

TO: Registration Solivision of Col					
SUBJECT: 97	000 Real Est	ate Holdings nited Liability Company	UC		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Zaid	la lis Torres			
		Name of Person		-	
		Firm/Company		-	
	100 SW 2	52 nd Avenue		- S	,
	Corne Cea	Address Silve Augus Address City/State and Zip Code	3 /	2022 AUG 22 SECRETAR TALLAH	POMES
		City/State and Zip Code Live. Com to be used for future annual report noti		P OF STATHANSSEE, FL	
For further information of	concerning this matter, please c	·	neations	H: 21 STATE	
Antonio	leal	at (784) 499	7-6180		
Name o	of Person	Area Code Daytim	ie Telephone Numbe	τ	
Enclosed is a check for t	he following amount:				
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (add-tional copy is enclosed)	Certified	ate of Status &	

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

ed Liability Company as it new appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L 2000/2/es/6</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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON) 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

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.

_ Florida _

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>	Address	Type of Action
MORM	Zarda L. Torres	100 SW 52nd Ave Coral Ceables, Fl. 33139	② Add
		Corel Ceables, Fl. 33139	<u>/</u> □Remove
			□Change
MORM	Antonio Leal	1123 NW 33rd Ave Miami, Fl. 33125	@ Add
		Miami, 71. 33125	□Remove
		SECT TA	Change NOAdd Remove Thange
		ASSE	Remove
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Effective date, if other that fan effective date is listed, the dat	te must be specific:	and cannot be	prior to date of	f filing or more th	an 90 days aft	er filing.) l	oursuant.	to 605.02
Note: If the date inserted in the document's effective date on the detection of the detecti	nis block does no	ot meet the ap	plicable stat	utory filing req	uirements, th	is date w	ill not b	e listed :
record specifies a delayed ef d is filed.	fective date, but r	not an effecti	ve time, at 1	2:01 a.m. on the	e carlier of: (b) The	90th day	y after th
4	,							
Dated August	17	20	22	/				
V		(M	and					
				presentative of a r				

Filing Fee: \$25.00