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(Re	equestor's Name)	
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Certified Copies	_ Certificates	of Status
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COVER LETTER

Registration Section

Division of Corporations

TO:

	for Real Estate Services LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jose Labrador		
		Name of Person	
		Firm/Company	
	300 Washington Ave Apt		
	Name of Person Firm/Company 300 Washington Ave Apt 5 Address Inverness, FL 34450 City/State and Zip Code jlabsells@gmail.com E-mail address: tto be used for future annual report notifier r further information concerning this matter, please call: se Labrador Name of Person Area Code Daytime T closed is a check for the following amount:		
	Inverness, FL 34450		
	ilabealle@amail.com	City/State and Zip Code	
	•	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Jose Labrador			
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			ection
Division of Corporations		Division of Co	rporations
Tallahassee, I			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our r da Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Florida document number L20000132424	Company were filed on <u>5/15/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Jose Labrador LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation	"LLC" or the abb ation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	ORESS)	
		<u> </u>
		E. C.
Enter new mailing address, if applicable:		777
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		enter the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street e	uddress
		, Florida
		RIAMAA

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.

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>	Address	Type of Action
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			□Remove
			□Change
			□Add
			□Remove
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in effective date is	s listed, the date in	nist be specific	and cannot be p	rior to date of fili	ng or more than 90 ry filing requirem	days after filing.) Pursuant to	5 605.0207
	tive date on the				y ming requiren	ems, uns date	WIII HOU DE	: HSICG AS
	a delayed effect	ive date, but i	not an effectiv	e time, at 12:0	a.m. on the earl	ier of: (b) Th	e 90th day	after the
is filed.								
June 3rd		\ 1 1	/2020					
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Typed or printed name of signee