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

TO:

TO: Registration S Division of Co							
SUBJECT: The	Nayor Gro	up Real Est	ate LLC				
The enclosed Articles o	f Amendment and fee(s) are subi	mitted for tiling.					
Please return all corresp	ondence concerning this matter	to the following:	•				
	Anda	es Avila Name of Person					
	<u> </u>	CV Corp Firm/Company					
	4711 NW.	79th Ave S	vite 4D				
	Doral Fl andress	City/State and Zip Code Om U Serv. r to be used for future annual report noti	166 ret				
For further information	concerning this matter, please co		newany				
Andres	Av of Person	at (786) 2772308 Area Code Daytime Telephone Number					
Enclosed is a check for	the 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)				
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee be Street, Suite 810				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Nayor Gro	up Keaj e	slale LLC
7 he Nayor 600 (Name of the Limited Liability Con (A Florida Limit	npany as it now appears on ed Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 200001575</u> 60	any were filed on 6	1 .
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
a	A	
The new name must be distinguishable and contain the words "Limited Li	iability Company." the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	A/A	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	- C - 22
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here:	ce address on our reco	rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet address
		, Florida
<u></u>	City	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.

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>	Name	Address	Type of Action
<u> </u>	Rosa Nayor	7392 NW 35th Terrac	<u>e</u> □Add
	1	7392 NW 35th Terrac Miami FL 33122	
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Effective date, if other than the date of filing: 7 28 2020 (optional) (If an effective date is listed, the date must be specific and cannot be plot to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the ord is filed.		· · ·	- <u></u> -									
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Filing Fee: \$25.00