L20000329948

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

10:	Division of Co				
SUBJE		ells Real Estate LLC	•		
SODJE		Name of Lir	mited Liability Company		
The encl	losed Articles o	of Amendment and fee(s) are sui	bmitted for filing.		
Please re	eturn all corresp	pondence concerning this matter	r to the following:		
	1	Andrea Valdes			
			Name of Person		
			Firm/Company		
		11120 9th St. E		2021 HAR -8 PH 3: U	
			Address	5	-
	i	Treasure Island FL 33706		8 PP	
			City/State and Zip Code	mo u	, (
		andreavaldes 100@gmail.co		THE C	ר כ
For furth	ner information	concerning this matter, please of	(to be used for future annual report not call:	incation), pr	
Andrea \	'	· .	813 716,4843		
	Name	of Person	at () Area Code Daytin	ne Telephone Number	
Enclosed	ris a check for	the following amount:			
□ \$2 5.	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 Address Registration Division of 6 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	rporations l'allahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Andrea Sells Real Estate L.L.C.		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on Oct 13th 2020	and assigned
Florida document number L20000329948		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Andrea Valdes LLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		SECTION AND THE PROPERTY OF TH
(Principal office address MUST BE A STREET ADD	RESS)	一
<i>,</i>		8 17
		SSF P
Enter new mailing address, if applicable:		Ho is
(Mailing address MAY BE A POST OFFICE BOX)	·	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	_ · ·	name of the new registered
Name of New Registered Agent:		
N. Divisional Office Addition		
New Registered Office Address:	Enter Florida street address	
	. Florie	da
	City·	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my duties, and it agent as provided for in Chapter 605, F.S red office address, I hereby confirm that t	I am familiar with and 5. Or, if this document is

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 = M $AMBR = A$	Ianager Authorized Member	N/A	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
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ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to ote: If the date inserted in this block does not meet the application.	
ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective tin	ne at 12:01 a.m. on the earlier of: (h). The 90th day after
l is filed.	included and the control of the year and the
February 23rd 2021	
ated February 23rd , 2021	

Typed or printed name of signee