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(Reques	tor's Name)	
(Address	5)	
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(City/Sta	ite/Zip/Phone #)	
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I ALBRITTON

COVER LETTER

TO: A Registration Se Division of Cor			
David Gon.	zalez Real Estate LLC		
SUBJECT:	Name of 1 in	nted I sability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	united for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	David Gonzalez		
		Name of Person	
	David Gonzalez Real Esta	te i.l.C	
		firm Company	
	14464 SW 96 Ter		
		Address	1
	Miann, FL 33186		
		City/State and Zip Code	
	da.gonzalezia yahoo.com	to be used for future annual report not	
For further information e	is-mail address: t oncerning this matter, please c		пешоп)
David Gonzalez		305 747-8171 ar ()	
Name o	: Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	as following amount:		
✗ \$25 00 Filing Fee	1. \$30,00 Filing Fee & Certificate of Status	II \$55,00 Filing Fee & Certified Copy radditional copy is enclosed)	\$\text{S60.00 Filing Fee}\$. Certificate of Status & Certified Copy tadditional copy is enclosed.
Mailing Addres Registration 5		<u>Street Address;</u> Registration Se	ection
Division of C		Division of Co	rporations
P.O. Box 632		The Centre of 7	
Tallahassee, I			oe Street, Suite 810

Tallahassee, FL 32303



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2021 JUL -1 PM 1:48

June 19, 2021

DAVID GONZALEZ 14464 SW 96 TER MIAMI, FL 33186

SUBJECT: DAVID GONZALEZ REAL ESTATE LLC

Ref. Number: L20000345916

We have received your document for DAVID GONZALEZ REAL ESTATE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

The document number of the name conflict is P18000010250 - DAVID GONZALEZ, P.A..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 521A00013856

Irene Albritton Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	(Name o	Ave: المجمودة <u>f the Limited Liability</u> (A Florida L				<u>ds.</u>)
The Articles of Organiza	tion for this I	imited Liability Cor	npany wer			
This amendment is subm	itted to amen	d the following:				
A. If amending name, g	enter the nev	name of the limite	d liability	company ho	ere:	
David Genzalez LLC	MIAMI	WORLDWIDE	REAL	ESTATE	LLC	
The new name must be disting	guishable and ec	ontain the words "Limite	d Liability C	ompany," the d	esignation "LLC	(" or the abbreviation, I.L.C.
Enter new principal off	ices address.	if applicable:				
(Principal office address	MUST BE 2	<u>A STREET ADDRE</u>	<u>SS)</u>			P. 15
Enter new mailing add	ress, if applic	able:			<u>-</u>	
(Mailing address MAY)	<u>BE A POST (</u>	OFFICE BON)	_		,	
B. If amending the regingent and/or the new remains of New For New Registered	egistered offi Registered Ag	ce address here:	office addr	ess on our r	ecords, <u>enter</u>	the name of the new registere
in in the gameres				Enter Flor	ida street addre.	35
					, FI	lorida
				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
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AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			LiAdd
			□Remove
			DChange
			CRemove
•			□ Change
	 	Mr. The state of t	ElAdd
			F*Remove
			□ Change
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			□Change
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Tective date, if other than the in effective date is listed, the date muster: If the date inserted in this blo	t be specific and cannot be prior took does not meet the applica	o date of filing or more than 90 ble statutory filing requiren	(optional)days after filing.) Pursuant to 605.0 nents, this date will not be liste
cument's effective date on the December 2015 and the December 2015 and the control of the contro	e date, but not an effective tir	ne, at 12:01 a.m. on the earl	ier of: (b) The 90th day after
cument's effective date on the Do coord specifies a delayed effective is filed.	e date, but not an effective tir	ne, at 12:01 a.m. on the earl	ier of: (b) The 90th day after
cument's effective date on the December of the December of Specifies a delayed effective is filed. The ted May 11 ted Ma	. <u>2021</u>	ne, at 12:01 a.m. on the earl	