L20000 380364

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
_
Special Instructions to Filing Officer:
·
· · · · · · · · · · · · · · · · · · ·

Office Use Only



000386856240

05/09/32--01832--022 *+25.00

2022 HAY -9 AH 9: 27

of mstavaa

COVER LETTER

TO: Registration Sec Division of Corp					
	LONGO R	eal	Estat	e 1 (C
SUBJECT:		ited Liability Com		<u> </u>	
		·			
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	<u> </u>	aria_Name of Po	C Lor	190	
		Firm/Com	pany		
	16 F		tia t	Avenu	و
	Cora	Addres	bles,	FL	33134
	maricristo E-mail address: (City/State and Z	Zip Code Zip Code e annual report no	com otification)	
For further information ec	oncerning this matter, please ca	all:			
Maria C	Longo	at (<u>3</u> 0	05) 79 Tode Dayti	8-01	56
Name of	Person •	Area C	lode Dayti	me Telephone 8	Sumber
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 File Certified Cadditional		Cu Cu	0.00 Filing Fee, ertificate of Status & ertified Copy Iditional copy is enclosed)
Mailing Address	s:		Street Address:		

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

TO:

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

The Articles of Organization for this Limited Liability Company were filed on 12/04/2020 and assigned Florida document number <u>L 2 0000 38</u>0364 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 BOX) 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: stays the same Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: stays the same. MGR = Manager AMBR = Authorized Member Type of Action Address **Title** <u>Name</u> □Add □Remove ☐ Change \square Add □Remove □ Change Remove □Change □Add □Remove □Change \square Add □Remove □Change \square Add

□Remove

_ □Change

	NONE
 _	
	
	
Effective date, if	f other than the date of filing:
Note: If the date	inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
document's effect	tive date on the Department of State's records.
e record specifies : rd is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
id is facu.	
Dated Mar	y 9 2022
Pateu/	
	Signature of a member or authorized representative of I member
	- Marking of Landson
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00