L2100000344

(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:

FO: Registration Se Division of Cor		2. The	
SUBJECT: <u>~ &6</u>	90 Real Estate Name of Lim	folding LhC.	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter		
		<u> </u>	
	. Danceny	Name of Person	
		Estate Laldry W	c.
	^		
	8690 10	Address	
	Mianie	City/State and Zip Code	
		City/State and Zip Code 19 12 12 12 12 12 12 12 12 12 12 12 12 12	om .
		•	fication)
For further information c	oncerning this matter, please c		المعال
Name o	Person	at (<u>305</u>) <u>458</u> -	ne Telephone Number
Enclosed is a check for the	ne 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 Addres	i <u>s:</u>	Street Address:	
Registration (Section	Registration Se	
Division of C P.O. Box 632		Division of Cor The Centre of T	•
Tallahassee,			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

8690 Real Estate Halding Nic.	
(Name of the Limited Liability Company as it now Appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on	and assigned
Florida document number <u>L 210000 3441</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
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 agent and/or the new registered office address here:	of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
Florida	
New Registered Agent's Signature, if changing Registered Agent:	Zip Code 1 🕽
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree provisions of all statutes relative to the proper and complete performance of my duties, and I am faceept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, it being filed to merely reflect a change in the registered office address, I hereby confirm that the lim company has been notified in writing of this change.	imiliar with and if this document is

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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
MGR	DANCENY Reyes	8140 Bisenyne Olud. 19	
	, ,	S140 Bisenyne Blud. 49 Cliani, Cl. 33138	XRemove
			□ Change
MGR	8690 Holding, Mc.	8690 Biscourse Blud. #9	XAdd
		8690 Biscource Blud. #9 Llianie, Il. 23/38	🗀 Remove
			□ Change
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Note: If the date i	f other than the date of listed, the date must be specifinserted in this block does ive date on the Departmen	not meet the applicable st	of filing or more than 90 days	o ptional) after tiling.) Pursuant to 605.0207 (, this date will not be listed as t
ne record specifies a ord is filed.	a delayed effective date, bu	at not an effective time, at	. 12:01 a.m. on the earlier of	f: (b) The 90th day after the
	6/25	2021		žτ'
Dated				
Dated	<u> </u>	1+11		
Dated	Signaline	or a monograph authorized	representative of a member	-1