121000091947

(R	equestor's Name)	
(Ā	ddress)	
(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:		
(C	ity/State/Zip/Phone #	r)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)
(D	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	o Filing Officer:	





500359483195

03/09/21--01002--002 **25.00

21 fldR -- R 曜 3: 48

ACCESS, Wh

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	CERTIFIED COPY	
XX	РНОТОСОРУ	
	CUS	
xx	FILING	LLC AMEND
]	FERNANDEZ REALTY	GROUP LLC
	CORPORATE NAME AND DOCU	
(CORPORATE NAME AND DOCU	MENT #)
(CORPORATE NAME AND DOCU	MENT #)
(CORPORATE NAME AND DOCU	MENT #)
	CORPORATE NAME AND DOCU	MENT #)

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Fernandez Realty GOUP LLC
Division of Corporations SURJECT: Fernandez Realty Gray LLC Name of Limited Hability Company The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: MACIANA FERNANDEZ Name of Person Fernandez Realty Group LLC Firm/Company 642 NW North Rivel Divel Address Mam FL 331366 City/State and Zip Code Manageria, Fernandez Yahon - Com For further information concerning this matter, please call: MACIANA FERNANDEZ Name of Person Area Cide Daytime Telephone, Number Enclosed is a check for the following amount: X \$25.00 Filing Fee Certificate of Status MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallabasses, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallabasses, FL 32314
Division of Corporations SUBJECT: Fernandez Realty State IIC Name of Limited Hability Company The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: MARIANA Fernandez Name of Person Fernandez Realty Grave IIC Firm/Company 642 Niv North Rivel Drive Address Mam FL 3313 6 City/State and Zip Code Manager G. Fernandez Eyahon Com Enclosed is a check for the following amount: 8 \$25.00 Filing Fee Certificate of Status Certificate of Status Registration Section Division of Corporations Program of Person MAILING ADDRESS: Registration Section Division of Corporations Program of Person Name of Person MAILING ADDRESS: Registration Section Division of Corporations Cliffon Building City of Building STREET/COURIER ADDRESS: Registration Section Division of Corporations Cliffon Building Cliffon Building Cliffon Building Cliffon Building Cliffon Building Cliffon Building
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Division of Corporations SUBJECT: Fernandez Realty Gave LLC Name of limited Hability Company The enclosed Articles of Amendment and feets) are submitted for filting. Please return all correspondence concerning this matter to the following: MARIAGA FERNANDEZ Name of Person Fernandez Realty Group LLC Firm/Company 642 NW North Rive/ Drive Address Mami FL 33136 City/State and Zip Code Managera Fernandez@yahoo Com E-mail address (to be used for future manual report outdictation) For further information concerning this matter, please call: MARIAPIA FERNANDEZ at 305 781 3503 Name of Person Area Code Daytime Edisphore, Number Enclosed is a check for the following amount: \$\times \times \t
Fernandez Realty Group LLC
642 NW North River Drive
Mami FL 33136 City/State and Zip Code
Mancifia, Fernandez & Yahon - Com 1:-mail address: (to be used for luture minual report notification)
For further information concerning this matter, please call:
MARIAPIA FRINGMEZ at 305 781-3503 Name of Person Name of Person Name of Person Name of Person
Decomplete at a
Certificate of Status Certified Copy Certificate of Status & Certified Copy Certificate of Status & Certified Copy
Registration Section Registration Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fernandez Realty Gro	UP LLC	annede)	
(Name of the Limited Lability Comb (A Florida Limited	Liability Company)	Redrus.)	
The Articles of Organization for this Limited Liability Compan	y were filed on <u>FED 2</u>	4m 2021	_ and assigned
Florida document number <u>L21000091947</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation	"LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
forida document number \$\leftarrow{2100\infty} \			
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 re	cords, <u>enter th</u>	
Name of New Registered Agent:			- <u>10.51</u> @
New Registered Office Address:	Enter Florida streat	address	
		Florida	1
	Clty	***, 1. Mrsha ******	72p Code
New Registered Agent's Signature, if changing Registered Agen	u;		

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

Title	Name	Address	Type of Action
Mana Grad	MARIAFIA Ternandez	MIANI FL 35136.	
			Remove
			Change
i nannike . Geverat	EWEDIO Fernanckz Morean	Muami FL 33136	
			Remove
			Change
			🗆 Add
			□ Remove
			Change
			C) Add
			□ Remove
			Change
			D Add
			□ Remove
			Change
			O Add
			□ Remove
			O Change

MARJAPIA	Fernandez	1 <u>S</u>	a marasi	vig Nicolo	16/ NOT	_yma.x
Ewsebio	Femeralez	15 a	general	manage/	VOI I	AR.
		 				_
						_
						_
		<u></u>				_
	<u> </u>	<u></u>			·	_
				<u>-</u>		_
				·····		_
					 	
 						
	· · · · · · · · · · · · · · · · · · ·					_
					_,	
ffective date, if other them effective date is listed, the inter. If the date inserted in ocument's effective date of	date must be specific and can in this block does not mee	not be prior the applic	able stantiory times	(options ore than 90 days after this g requirements, this da	ng.) Pursuant to 6	505.0207 isted as
e record specifies a c The 90th day after t	lelayed effective dat he record is filed.	e, but no	t an effective t	ime, at 12:01 a.n	n. on the ea	rlier of
rated	Management of a mer	nber or suth	orizod reprodentante	of a metaber		
	MIAG	ZIAPIA	Femand	67		

Page 3 of 3

Filing Fee: \$25.00