L21000118950

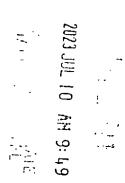
(Requestor's Name)
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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

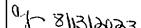
Office Use Only



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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

RODRIGU	EZ7984 REALTY LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Mario Rodriguez				
Name of Person					
	RODRIGUEZ7984 REAL	TY LLC			
Firm/Company					
	16433 NW 21 Street				
		Address			
	Pembroke Pines FL 33028				
		City/State and Zip Code			
	mframaya@hotmail.com				
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notificall:	cation)		
Mario Rodriguez		754 201-5370 at ()			
Name o	f Person	Area Code Daytime	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)	Sectificate of Status & Certificate Copy (additional copy is enclosed		
Mailing Addres		Street Address:			
Registration S		Registration Sect			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 JUL 10 AM 9: 49

RODRIGUEZ7984 REALTY LLC			5. 45
(Name of the Lim	ited Liability Com (A Florida Limite	pany as it now appears on our record d Liability Company)	is.)
ne Articles of Organization for this Limited I	Liability Compar	ny were filed on 3/12/2021	and assigned
orida document number L21000118950			
nis amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name of	of the limited his	bility company here:	
/A			·
ne new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
Principal office address MUST BE A STRE	ET ADDRESS)		
			<u></u>
9 H		N/A	
inter new mailing address, if applicable:	, DOM		
Mailing address MAY BE A POST OFFICE	<u> </u>		
		· · · · · · · · · · · · · · · · · · ·	<u> </u>
3. If amending the registered agent and/or	registered offic	e address on our records, <u>enter</u>	the name of the new regis
gent and/or the new registered office addr			
Name of New Registered Agent:	N/A		
	N/A		
New Registered Office Address:	 -	Enter Florida street addre.	xs
	N/A	FI	lorida ^{N/A}
		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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Lauren Rodriguez	16433 NW 21 Street Pembroke Pines FL 33028	≅Add
			□Remove
			□Change
N/A	N/A	N/A	□Add
			□Remove
		**************************************	□Change
N/A	N/A	N/A	
			□Remove
			□Change
N/A	N/A	N/A	□Add
			□Remove
			□Change
N/A 	N/A	N/A	□Add
			□ Remove
			□Change
N/A	N/A	N/A	□Add
		TO SECOND	Remove
			□Change

N/A		
, .		
		
		
n effectiv	date, if other than the date of filing:	
	s effective date on the Department of State's records.	
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th d	ay after the
is filed.		
fulv	2 2023	
ted		
ted	Franco o / .	
ted	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00