## 121000119038

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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S.C. Office Use Only 07/13/21



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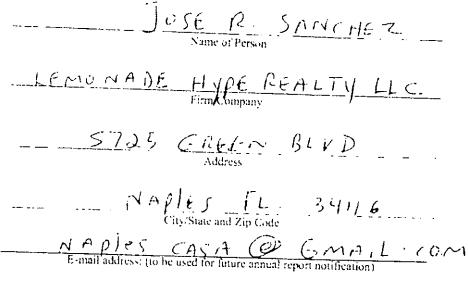
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TO:	•	Registration Se	ction	
		Division of Cor		nı

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Name of Person SANCHEZ at (239) 682 1192
Area Code Daytime Telephone Number

JUN 10 A II: 2u

Enclosed is a cheek for the following amount:

S25.00 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 Address:

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

## Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FORGOT TO ENCLOSE THE CHECK

110841

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF.

(Name of the Limited Liability Company as (A Florida Limited Liability	REALTY LL.C. it now appears on our records.) ity (company)
The Articles of Organization for this Limited Liability Company were	
Florida document number <u>L21000119038</u>	filed on $3/12/2021$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
The new name must be distinguishable and contain the words "Limited Liability Con-	mpany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Ch
(Principal office address MUST BE A STREET ADDRESS)	
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Enton and the	22
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	> <u>&gt;</u>
	<del></del> ~
3. If amending the registered agent and/or registered office addres agent and/or the new registered office address here:	_
agent and/or the new registered office address here:	s on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Cur Paristand A	Zıp Code
cw 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	JOSE R. SANCHEZ	5725 GREEN BLVD	XAdd
		NAPIES FL 34116	•
			□Change
M.G.R	CLAUDIA F. MORILLO	5775 GREEN BLVD	🖸 Add
		NAPIES FL. 34116	□Remove SAME □Change
MGR	ANDREA P. SANCHEZ	5725 GREEN BLVD	□Add
		NAPIES FL. 34116	□Remove ()  **Change 10 = M6 R!
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Tective date, if other than the date of filing to effective date is listed, the date must be specific and to te: If the date inserted in this block does not many	unnot be prior to data of file .	(optiona	
te: If the date inserted in this block does not me cument's effective date on the Department of St.		ing requirements, this da	te will not be listed
cord specifies a delayed effective date, but not a s filed.	n effective time, at 12:01 a.m	on the earlier of: (b)	The 90th day after th
ed JUNE 7	2021		

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