## L21000126410

(Re	questor's Name)	_
(Ad	dress)	
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(Cit	y/State/Zip/Phone #	<del>¥)</del>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	<del>?</del> )
(Do	cument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filling Officer:	
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Office Use Only



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## **COVER LETTER**

	gistration Se vision of Cor			
SUBJECT:		rfin Real Estate LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	ı all correspo	ndence concerning this matter	to the following:	
		Monica Mortin		
			Name of Person	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)  Section Corporations of Tallahassee
		<del></del>	Firm/Company	
		1755 Washington Ave Ap	I IC	
			Address	•
		Miami Beach, FL 33139		
			City/State and Zip Code	<del></del>
		monicamorfin@gmail.com		
For further is	nformation co	E-mail address: ( oncerning this matter, please c	to be used for future annual report noti all:	fication)
Monica Mo	rtin		813 440-1181	
	Name of	Person	Arca Code Daytim	e Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00 H	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	iling Address		Street Address: Registration Sec	ction
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.C	D. Box 632	7	The Centre of T	allahassee
Tal	Hahassee, F	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Monica Mortin Real Estate		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on March 17, 2021	and assigned
Florida document number 1.21000126410		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Monica Morfin LLC		
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		20 SE
		PI A
		THE STATE OF THE
Interney mailing address if applicables		100 N
Inter new mailing address, if applicable:	<del></del>	
Mailing address MAY BE A POST OFFICE BOX)		100 - 313
		-n: " " " "
		20
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	e name of the new register
Name of New Registered Agent:		·
New Registered Office Address:		
New Registered Office Address:	Enter Florida street address	<del></del>
<del>-</del> -	, Florid	da Zip Code
New Registered Agent's Signature, if changing Registered Agent.	•	rap coac
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	performance of my duties, and provided for in Chapter 605, F.S	I am familiar with and S. Or, if this document is
ompany nas neen notifiea in writing of this change.		
I hereby accept the appointment as registered agent and agrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.S	I am familiar with and S. Or, if this documen

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>	Address	Type of Action
			□Add
			□Remove
		<del>-</del>	□Change
			□Add
			□Remove
			NOZIJANSE TALE
		<del></del>	Z0ZIGAUG ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ
		-	SS C Remove C Change
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fective date, if othe	r than the date o	of filing:		(	optional)	
in effective date is listed ote: If the date insert	ed in this block do	es not meet the ap	plicable statutory	or more than 90 day filing requirement	s after filing.) Pursu s, this date will no	ant to 605.02 of be listed:
cument's effective da	ite on the Departm	ent of State's reco	ords.			
ecord specifies a dela is filed.	yed effective date.	but not an effective	ve time, at 12:01:	i.m. on the earlier	of: (b) The 90th	day after th
August 16		2021	/			
	_	Spired C	<u> </u>	tative of a member		
	Signat	æé of a membér.or :				