L21000230156

(Requestor's Name)
(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:
Received 08/09
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Office Use Only 8/9/21

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July 15, 2021

KEVIN PORTELLES ALFONSO 23452 S.W. 110 AVE HOMESTEAD, FL 33032

SUBJECT: ATHENS REALTY GROUP LLC

Ref. Number: L21000230156

We have received your document for ATHENS REALTY GROUP LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60,days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham OPS

Letter Number: 121A00016267

www.sunbiz.org

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Athens Rea	Ity Group LLC.	
SOBJECT:	Name of Lim	Ity Group LLC ·	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	K	evin Portelles Alfonsz	<u> </u>
		Name of Person	
	Athe	ns Realty Group L	-L C
		Firm/Company	
	23452	Su) 110 Ave	
		SW 110 Ale Address	
	HouseToo	1 10 33037	
		City/State and Zip Code	
		portelles @ Gmail. co	
	E-mail address: (to be used for future annual report noti	tication)
For further information	concerning this matter, please c	all:	•
Kevin Po	ortelles Alfonso	at (<u>186</u>) 339 - Area Code Daytim	0594
Name	of Person	Area Code Daytim	te Telephone Number
Enclosed is a check for	the following amount:		· · · · · · · · · · · · · · · · · · ·
□ \$25.00 Filing Fee		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Coperated (additional copy is enclosed)
Mailing Addre		<u>Street Address:</u> Registration Sc	etion
Registration Division of 0		Division of Cor	
P.O. Box 63. Tallahassee	27	The Centre of T	Callahassee
Lallahassee	P1 1/1/4	74 LY AVIONTO	e Sireer Sillie XIII

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Athens Realty		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000230156</u>	y were filed on 5 19	2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company." the designat	ion "LLC" or the abbreviation "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 agent and/or the new registered office address here:	address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet address
		Florida
	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>	Address	Type of Action
AMBR	Kevin Portelles Alfonso	23432 SW 110 Ave	□ Add
		Homestend, FL, 33032	□Remove
			5 Change
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
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		member	_
Kevin Portelles Alfonso			