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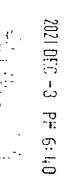
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COVER LETTER

	Registration Sec Division of Corp		ř		, ř	
eun iez		& SONS REALTY LLC	· , •	*	,	
SUBJEC	T:	Name of Lim	nited Liability Company	· · ·		-
The enclo	sed Articles of a	Amendment and fee(s) are sub	omitted for filing.			
Please ret	urn all correspo	ndence concerning this matter	to the following:			
		VLADIMIR LABRADA				
			Name of Person			
			Firm/Company			_
		7897 NW 73 STREET				
			Address			
		HIALEAH FL 33015				
			City/State and Zip C	ode		20
		LVLADIMIR2433@AOL.	COM to be used for future an		ination)	21.0
For furthe	r information co	oncerning this matter, please c		nuar report nour	cationy	2021 DEC -3 PH 6: 40
VLADIM	IIR LABRADA		786 at (380-2509		77 PP
	Name of	Person	Area Code	Daytime	Telephone Numb	5. F. O
Enclosed	is a check for th	e following amount:				
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cop	у	Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
F	Mailing Address Registration S Division of Co	ection	Reg	et Address: istration Sec ision of Corp		
Γ	P.O. Box 632° Fallahassee, F	7	The	Centre of Ta		810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LABRADA & SONS REALTY LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on 05/27/2021	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the designation "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 offic	e address on our records, enter the na	ame of the new registe
agent and/or the new registered office address here:		A
		. .
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Códe
New Registered Agent's Signature, if changing Registered Agen	nt:	

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 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
MGR	VLADIMIR LABRADA	7897 NW 173 STREET	□Add
		HIALEAH FL 33015	■Remove
			□Change
AMBR	VLADIMIR LABRADA	7897 NW 173 STREET	
		HIALEAH FL 33015	□Remove
			□Change
			□ Add
			Remove
			Change Change Change Change Change
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ective date, if other than the date of filing:	e of tung or more than 90 statutory filing requirer	nents, this date will	not be liste	ed as
ted 11/27/2011				
stried. Ited	representative of a memb	oer		

Filing Fee: \$25.00