## L21000289261

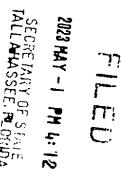
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600407797406

05/01/23--01023-+012 \*\*25.00





## **COVER LETTER**

Registration Section

TO:

Division of Cor	porations					
	of Miami, LLC					
SUBJECT .	Name of Lin	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Yenly Dominguez					
		Name of Person				
	Elite Title of Miami, LLC					
		Firm/Company	<del></del>			
	1501 Venera Ave, Suite 2	50				
	<del></del>	Address				
	Coral Gables, FL 33146					
		City/State and Zip Code				
	yenly@elitetitlemiami.com	•				
	E-mail address: (	to be used for future annual report not	ification)			
For further information c	oncerning this matter, please c	all:				
Yenly Dominguez		305 331-8506				
Name e	Name of Person Area Code Daytime Telephone Number					
V/4		•	·			
Enclosed is a check for the	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.			
= 325.00 Filling Fee	Certificate of Status	Certified Copy	Certificate of Status &			
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)			
Mailing Addres		Street Address:	estion			
Registration Section		Registration Se Division of Co				
Division of Corporations P.O. Box 6327		The Centre of	•			
Tallahassee, l			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited	Liability Company as it no A Florida Limited Liability Co	om appears on our records.	
e Articles of Organization for this Limited Lia orida document number <u>L21000289261</u>	bility Company were file	ed on June 22, 2021	and assigned
is amendment is submitted to amend the follow	ving:		
If amending name, enter the new name of t	he limited liability com	pany here:	
new name must be distinguishable and contain the wor	ds "Limited Liability Compa	my," the designation "LEC"	
iter new principal offices address, if applical	ole:		SECTOR SECTOR
rincipal office address MUST BE A STREET	ADDRESS)		AFRICE IAR
-			AR _
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
If amending the registered agent and/or regent and/or the new registered office address  Name of New Registered Agent:			he name of the new registe
New Registered Office Address:	1501 Venera Ave, Suite 2	230	
New Registered Office Address.		Enter Florida street address	
	Coral Gables	. Flo	rida <u>33146</u>

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>	Name	Address	Type of Action
MRG	Alejandra Gil PLLC	1501 Venera Ave	
		Suite 230	■Remove
		Coral Gables, FL 33146	□Change
			□Add
			□Remove
			□Change
		<del></del>	□ Add
			□Remove
			□Change
			□ Add
		<del></del>	□Remove
			□Change
			□ Add
			□Remove
			□Change
		_	□Add
			□Remove
			□Add

\_\_\_\_ □ Change

<u> </u>						•
						•
		-				•
		-	-1-			-
				<del></del>		-
		<u> </u>		<u>-</u>		-
				SE	2023	•
				SECKE TARY OF	MAY	7
		-	<del>-</del>	3SS. XXX XXX	_ <u>-</u> _	
				<u> </u>	3	
				7 S L S C S C S C S C S C S C S C S C S C	<u>ե։</u> 12	
				٠,٠٢	<b>1</b> %	
			·	<u>-</u>		-
						_
-						
		***	,			•
ffective date, if other than t	he date of filing:		(optio	nal)	omt to 6136	5 0207
an effective date is listed, the date is lote: If the date inserted in this ocument's effective date on the	block does not meet the	applicable statutory i	iling requirements, this	date will n	ot be list	ed as t
record specifies a delayed effect is filed.	tive date, but not an effe	ctive time, at 12:01 a.	m. on the earlier of: (b	The 90th	day afte	er the
ated April 28	2023					
	\					

Typed or printed name of signee