## 121000293832

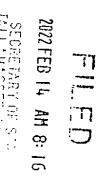
(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
J. HORNE 111AR - 1 2022			
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2022 FEB 14 PM 12: 20

SECRETARY OF STATE TALLAHASSEE. FL

January 7, 2022

JACQUELINE HORTA 12905 SW 42 STREET SUITE 217 MIAMI, FL 33175 US

SUBJECT: LITTORIA PROPERTY GROUP LLC

Ref. Number: L21000293832

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Jasmine N Horne Regulatory Specialist II

Letter Number: 722A00000526

## **COVER LETTER**

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Se Division of Cor						
Littoria Pro	pperty Group LLC					
SUBJECT:	Name of Lim	ited Liability Company	<del></del>			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing				
	ondence concerning this matter	_				
		Jacqueline Horta				
		Name of Person				
	J F	Horta Accounting & Taxes Inc				
		Firm/Company	· · · · · · · · · · · · · · · · · · ·			
	12	905 SW 42 Street Suite 217				
		Address	<del></del>			
	Miami. Florida 33175					
		City/State and Zip Code				
	li mail addrawy (	jhortafl@bellsouth.net to be used for future annual report noti	Frantisii)			
For further information o	concerning this matter, please c		incarion,			
Jacquel	line Horta	305 3872906				
Name o	of Person	at () Area Code Daytim	ne Telephone Number			
Enclosed is a check for t	he following amount:					
□ \$25.00 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)			
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ection			
Division of Corporations		Division of Co	Division of Corporations The Centre of Tallahassee			
P.O. Box 6327		The Centre of 1	i anahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 FEB 14 AM 8: 16

Littoria Property Group LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 06/24/2021 and assigned Florida document number \_L21000293832 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

## 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 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	<u>Address</u>	Type of Action
AMBR	Juan M Lasota Tesser	6830 SW 159 PL Miami, FL 33193	
			Remove
		_	□Add
			Remove
			□ Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			□ Change

	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
	<u> </u>
Note: If the c	e, if other than the date of filing:  (optional)  te is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)  late inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the fective date on the Department of State's records.
he record speci ord is filed.	ties a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	February 09 2022
	Jose DI. Youta Lever
_	Signature of a member or authorized representative of a member
	Jose M. Lasota Tesser
_	Typed or printed name of signee

•

Filing Fee: \$25.00