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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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Special Instructions to Filing Officer:





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COVER LETTER

TO:

	gistration Sec vision of Corp					
CHD IECT.	Escencia Rea	il LLC				
SUBJECT: Name of Limited Liability Company						
The enclose	d Articles of A	mendment and fee(s) are sub-	mitted for filing	<u>z</u> .		
Please retur	n all correspon	dence concerning this matter	to the following	g:		
		Miosoti Disla				
			Name of	Person	· 	
		Escencia Real LLC				
			Firm/Cor	npany		
		12473 S Orange Blossom T	Γrail Suic 40			
			Addre	ess		
		Orlando FL 32837				
		***	City/State and	Zip Code		
		escenciareal18@gmail.com		ure annual report no	obification)	
For further i	information co	ncerning this matter, please ca		are amain report m	onication)	
Miosoti Dis			407			
	Name of	Person	at (Area	Code Dayt	me Telephone Number	
Enclosed is	a check for the	following amount:				
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 F Certified (additional		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Re Di	egistration So vision of Co O. Box 6327 Illahassee, F	ection rporations		Street Address: Registration S Division of C The Centre of 2415 N. Mon Tallahassee, F	orporations Tallahassee oe Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Escencia Real 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 11/03/2021 _____ and assigned Florida document number $\frac{1.21000476747}{}$ 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 "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 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 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
MGR	Jose A Taveras	13123 Halden Aly	∐Add
		Orlando FL 32827	≡Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
			□Change
			□Add
			□Remove
			Change.

(If an e <u>Note:</u>	tive date, if other than the date of filing: June05,2023 (optional) Tective date 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 (I fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
f the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	June 05 2023

Filing Fee: \$25.00

Typed or printed name of signee