L21000482682

Office Use Only



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COVER LETTER :

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SUBJECT:	The Modern Nest Realth	1 , LLC
SUBJECT:	Name of Limited Liability Company	
The enclosed Arti	ticles of Amendment and fee(s) are submitted for filing.	
Please return all c	correspondence concerning this matter to the following:	
	Jennifer Lajud A	ndino
	The Modern Nes-1 Real	ty, uc
	14445 SW 144th Ct.	
	Address	7 m
	Miami, FL 33180 City/State and Zip Code Jennifer ajud @gmail. Wor G-mail address: (to be used for future annual report no	·
	City/State and Zip Code	M
	F-mail address: (to be used for future annual report no	etification)
		,,
For further inform	mation concerning this matter, please call:	
Jenni	Fer Lajud And MO at 700 200 Name of Person Area Code Dayti	1469
	Name of Person Area Code 17ayu	me reteptione Number
Enclosed is a che	eck for the following amount:	
\$25.00 Filing		☐ \$60.00 Filing Fee.
	Certificate of Status Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailine	Address: Street Address:	
Registr	ration Section Registration S	
Divisio	on of Corporations Division of Co	orporations

P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		Realty,	
(Name of the Limited Liabil (A Florid	lity Company as it no la Limited Liability Co	w appears on our record ompany)	<u>s.</u>)
The Articles of Organization for this Limited Liability (Florida document number <u>L21000 4826</u>	Company were file	ed on 11 0 2	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability com	pany here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Compa	ny," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		<u> </u>	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street addres.	s
•		, Flo	orida
	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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBE	Daniel A Andiro	1445 SW 144M Ct	
		Miami, FL 33184	L'Hemove
			□Change
			□Remove
-			
			🗀 Remove
			□Change
			□ Add
			□Remove
			□Change
			□ Add
			□Change
	 		□Add
			□Remove
		<u></u>	□Change

 					
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ective date, if	other than the date	of filing:		(option	nal)
te: If the date in	listed, the date must be sp nserted in this block do we date on the Departn	oes not meet the app	plicable statutory fil	more than 90 days after fing requirements, this	ling.) Pursuant to 605.020 late will not be listed a
ecord specifies a is filed.	delayed effective date	e, but not an effectiv	ve time, at 12:01 a.n	n. on the earlier of: (b)	The 90th day after the
ted	<u>d</u>	N. 23			
	Signa	iture of a thember or a	uthorized representati	ve of a member	