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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN

Account Number : 120020000140 : (561)844-3600 : (561)842-4104 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

LRA Cohen Norris . COM LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ANDRADE/LISA REALTY, LLC Certificate of Status 0 Certified Copy Page Count \$25.00 Estimated Charge

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T. LEMPEUX JAN 26 2022

## **COVER LETTER**

	Division of Corporations	
SUBJEC	ANDRADE/LISA REALTY, LLC	<u> </u>
02020	Name of Limited Liability Company	
he encl	osed Articles of Amendment and fee(s) are submitted for filing.	
lease re	turn all correspondence concerning this matter to the following:	
	PETER R. RAY, ESQ.	
	Name of Person	
	COHEN NORRIS WOLMER RAY TELEPMAN	BERKOWITZ COHEN
	Firm/Company	
	712 U.S. HIGHWAY ONE, SUITE 400	
	Address	
	NORTH PALM BEACH, FL 33408	
	City/State and Zip Co	de
	LR@COHENNORRIS.COM	
	E-mail address: (to be used for future annu	ial report notification)
For funt	er information concerning this matter, please call:	
Karin D	rakas 561 at ( )	844-3600
	Name of Person Area Code	Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

S30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

<u>Street Address:</u> Registration Section

☐ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

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

□ \$60.00 Filing Fee,

Certificate of Status &

Certified Copy (additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANDRADIZLISA REALITY, LLC			
(Name of the Limi	ted Liability Company as it now appears on o (A Florida Limited Liability Company)	ır reçords.)	
The Articles of Organization for this Limited L Florida document number <u>L22000011646</u>	iability Company were filed on 01/04/20	22 and assigned	
his amondment is submitted to amend the following	lowing:		
L. If amending name, enter the new name of	of the limited liability company here:		
The new name must be distinguishable and contain the	words "Limited Liability Company," the designa	tion "ELC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u> </u>	22	
		Ž.	
<ol> <li>If amending the registered agent and/or agent and/or the new registered office addr</li> </ol>	registered office address on our record ess here:	ls, enter the name of the new regist	
Name of New Registered Agent:	Manuel S. Andrade		
New Registered Office Address:	53 ST. THOMAS DRIVE		
	Enter Florida s		
		Florida 33418 Zio Code	
	Ciŋ∙	λφ Coue	

## 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

\_\_\_\_\_ 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:

	uthorized Member	Addross	Type of Action
<u>Title</u>	<u>Name</u>	Address	Type or Action
			C Add
			Remove
			TChange
			☐ Remove
			TChange
			□Remove
			□ ∧dd
			Петоve
			C Change
			□Remove
			C'hange
			C/Add
			□Remove

. If amending any other information	on, enter change(s) here: (Attach additional sheets, if necessary.)
·	
<u></u>	
Effective date, if other than the d (If an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	fate of filing:
the record specifies a delayed effective ord is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated JANUARY 25	2022
parcu	
	Signature of a member or authorized representative of a member
ALAMBET OF THE PER	
MANUEL S. ANDRADE	Typed or printed name of signer

Filing Fee: \$25.00