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DECENTED.

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 7/27/2022

NAME: REAL STATE ESPINOZA LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	egistration Sectivision of Corpo						
SUBJECT	REAL STATE ESPINOZA LLC						
30031.01		Name of Limite	d Liability Compan	У			
The enclose	ed Articles of A	mendment and fee(s) are subm	itted for tiling.				
Please retu	rn all correspond	lence concerning this matter to	the following:				
		GONZALO BAEZA					
			Name of Perso	n			
		Firm/Company					
		9100 CONROY WINDERM	ERE DR				
		Address					
		WINDERMERE, FL 34786					
		GBAEZA@INVERSIONESC	City/State and Zip 3LOBAL.CL	Code			
		E-mail address: (to	be used for future a	nnual report notification)			
For further	information cor	cerning this matter, please call	:				
GONZALO) BAEZA		352 at (
	Name of I	Person	Area Code	Daytime Telephone Number			

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

DocuSign Envelope ID: 21BB6592-D8F4-4140-A0CF-9D509C8FE536

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REAL STATE ESPINOZA 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 05/27/2022 and assigned

Florida document number 1.22000246510

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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_ Florida ___

DocuSign Envelope ID: 21BB6592-D8F4-4140-A0CF-9D509C8FE536 11 amending Authorized rerson(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	BAPTISTELLA, IRANY	9100 CONROY WINDERMERE RD, 200	□ Add
		WINDERMERE, FL 34786	U / tid
			■ Remove
			Change
AMBR	ESPINOZA, RAUL	9100 CONROY WINDERMERE RD, 200	■ Add
		WINDERMERE, FL 34786	_ Add
			☐ Remove
			Change
AP	BAEZA, GONZALO	9100 CONROY WINDERMERE RD, 200	■ Add
		WINDERMERE, FL 34786	Add
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The 90th day after the r	ecord is filed.	•		, -		cric carrier
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