Division of Corporations

Florida Department of State Division of Compressions

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address: __ cteam@eminutes.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LA PROMESA REAL ESTATE, LLC

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K. Brumbley

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

→ 18506176383

	La Promesa Rea	al Estate, LLC				
(Name	of the Limited Liability Compai (A Florida Limited L	iy as it now appe liability Company	ars on our records.)		•	
The Articles of Organization for this	Limited Liability Company	were filed on _	07-06-2022	and a	ssigne	t
Florida document numberL2200	00298767					
This amendment is submitted to amen	nd the following:					
A. If amending name, enter the ne	w name of the limited liabi	lity company l	here:			
Rafael Real Estate, LLC						
The new name must be distinguishable and o	contain the words "Limited Liabil	ity Company," the	designation "LLC" or the	abbreviation '	L.L.C."	
Enter new principal offices address	s, if applicable:					_
(Principal office address MUST BE	<u> A STREET ADDRESS)</u>					
				 		
The state of the s	and the					
Enter new mailing address, if appli			<u> </u>			 -
(Mailing address MAY BE A POST	OFFICE BOX)			-		
						—
B. If amending the registered a		Man uddraec e	n our records ente	r the num	e of t	he new
B. If amending the registered a registered agent and/or the new registered			on our records, ente	i the nam	~	ic item
tegistere agent and vi the very		-			022	
				$\frac{1}{2} \frac{\hat{r}}{\hat{r}}$	30	,
Name of New Registered A	gent:			70.	 _	<u></u> ز
New Registered Office Add	lress:				9_	
		Enter F	lorida street address	71	A	
			, Florida _	9.5 <u>.</u>	بې	
		City	 -	Zip Cox	de-	

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
			Remove
			Change
			□ Add
			Remove
			Add
			☐ Remove
			Change
			Add
			☐ Remove
			O Add
			☐ Change
			□ AJd
			Remove
			□ Change

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Typed or printed name of signee

Christopher Curry, Manager

Filing Fee: \$25.00